

# CREDIT CARD AUTHORIZATION

— TravelWizzy.com

## TRAVEL INFORMATION & AUTHORIZATION

I, \_\_\_\_\_, authorize TravelWizzy and/or the travel supplier to charge my credit card for the agreed upon amount stated in the accepted proposal for the following travel arrangements:

Destination : \_\_\_\_\_ Booking No : \_\_\_\_\_  
Main Passenger Name : \_\_\_\_\_ Travel Date : \_\_\_\_\_

## CARDHOLDER INFORMATION

Cardholder Name : \_\_\_\_\_ Check One :  
 VISA  M/C  AMEX  DISCOVER  
(Print or type your full name as it appears on card.)

Credit Card Number : \_\_\_\_\_ Exp. Date : \_\_\_\_\_  
M M Y Y  
CVV : \_\_\_\_\_ Please acknowledge you have attached a legible copy of the front and back of your credit card when returning this form.  YES  NO

Signature of Cardholder : \_\_\_\_\_ Date : \_\_\_\_\_

## BILLING INFORMATION

Billing Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

## TRAVEL INSURANCE

**TRAVEL PURCHASE AUTHORIZATION** For Non-Website Purchases. Thank you for your purchase. I am pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. Charges are payable ONLY to the hotel, resort, tour operator, cruise line, other travel supplier and/or Independent Travel Advisor for specified booking fee (if applicable).

**TRAVEL INSURANCE WAIVER** For your protection, Travel Insurance is strongly recommended and available upon request. You can enroll for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or your I can arrange coverage for you based on your needs.

To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

PLEASE SIGN ON THE LINE WHICH APPLIES (ONLY ONE)

I have ACCEPTED and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

Signature of Cardholder : \_\_\_\_\_ Date : \_\_\_\_\_

I have ACCEPTED and authorized the travel purchases above, and I understand that by signing below, I am DECLINING TRAVEL INSURANCE. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Signature of Cardholder : \_\_\_\_\_ Date : \_\_\_\_\_