



Heiden Travelverse
 Sabine Deans
 Henderson, NC 27536
heidentravelverse@gmail.com
 252.315.4359

I _____ hereby authorize Sabine Deans / Heiden Travelverse to process the credit card information provided for the reservation details listed below:

GUEST NAME: _____ TRIP TYPE: (CRUISE/PACKAGE/OTHER) _____

SUPPLIER NAME: _____ CONFIRMATION#: _____

DEPARTURE DATE: _____ RETURN DATE: _____

CONTACT NAME: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

LAST FOUR DIGITS OF CREDIT CARD: _____

**** To protect your confidential information, do not provide a full credit card number in this form. You will be contacted by your Travel Agent to provide your full credit card number and CVV number. A copy of the driver's license is needed along with this form ****

TOTAL TO CHARGE TO MY CREDIT CARD: _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

TRAVEL PROTECTION WAS OFFERED:

Yes

No

TRAVEL PROTECTION WAS ACCEPTED:

YES

NO

The risks for declining coverage have been explained by my Travel Advisor. I understand that declining travel insurance, I may not be covered for any changes or cancellations of my trip. I am solely responsible & liable for any cancellation penalties and out of pocket expenses incurred.

CREDIT CARD HOLDER SIGNATURE: _____ DATE: _____

*Licensed, Bonded, and Insured Travel Agent
 This form is provided to you by an independent travel agent affiliate of Archer Travel.
 Seller of Travel : CA 2001330-10, FL 35395, HI TAR - 6612
 Florida Registration #:35395 CST#:2001330-10

