

CREDIT CARD AUTHORIZATION FORM

Wake view travel

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I, , hereby authorize wake view travel to process the credit card information provided for the reservation details listed below:

CLIENT NAME: TRIP TYPE:

SUPPLIER: CONFIRMATION#:

DEPARTURE DATE: RETURN DATE:

NAME AS IT APPEARS ON CREDIT CARD:

COMPANY NAME (IF APPLICABLE):

LAST FOUR DIGITS OF CREDIT CARD:

**** To protect your confidential information, do not provide the full credit card number written on this form. You will be contacted by your Travel Agent to provide your full credit card number and CVV number. A copy (picture) of the the driver's license and copy (picture) of the front and back of the card 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:

TRAVEL PROTECTION WAS ACCEPTED:

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

CARD HOLDER SIGNATURE: DATE: