Jackson Service Consultants
682/583-3939
travel@jacksonserviceconsultants.com

CREDIT CARD AUTHORIZATION FORM

To finalize your transaction and receive confirmation of your travel arrangements, please complete and submit this form promptly.

TRAVEL INFORMATION & AUTHORIZATION

I, , as the cardholder, authorize Jackson Service Consultants and/or the travel supplier to use my card information to make all payments directly to suppliers for my approved travel plans, up to the amount specified in this form. I confirm that I am an authorized user of this credit or debit card and will not dispute the payment with my credit card company or bank, provided the transaction aligns with the terms stated. I have reviewed all trip details and verified that the information is correct; any changes to the trip may incur additional fees. I also understand that if I use a different form of payment for my booking, I will be required to complete a new credit card authorization form.

VACATION INFORMATION

Supplier: Vacation Type:

Destination: Reservation Number

Departure Date: Return Date:

CARDHOLDER INFORMATION

** To protect your confidential information, do not provide the full credit or debit card on this form. You will email travel@jacksonserviceconsultants.com to provide your full card number and CVV as well as a copy of your state issued driver's license front and back.
** In the event, a new card is used on the reservation, you will be asked to fill out a new Credit Card Authorization Form.

Name As It Appears of Credit/Debit Card:

_____

Phone Number: Email:

Total Amount to be Charged to Card:

Last 4 of Card Number: Expiration Date:

Billing Address:

TRAVEL INSRUANCE

Was Travel Insurance Offered? ☒ Yes ☐ No
Was Travel Insurance Purchased?
☐ Yes
☐ No, My Travel Agent has explained the risks of declining coverage, and I acknowledge that I have been offered travel insurance for my trip. I hereby decline the travel insurance coverage provided by Jackson Service Consultants. By declining this coverage, I understand that I am assuming all risks, responsibilities, and liabilities for any changes, cancellations, and fees that may occur before, during, and after my travel. I will not hold Jackson Service Consultants and/or the supplier responsible for any loss.

SIGNATURE & AUTHORIZATION

By signing this, you authorize Jackson Service Consultants to make payment on your behalf and acknowledge terms. You grant permission to debit your account for the amount indicated. This permission is for a single transaction only for the amount indicated above and does not provide authorization for any additional unrelated debits or credits to your account.

Cardholder Signature: Date: