



Credit Card Authorization Form

Credit Card Information

Credit Card Type: Visa Mastercard Discover AMEX

Cardholder Name: _____

Credit Card Number: _____

CCV: _____ Expiration Date: _____

Billing Address:

Reservation Information

Agent of Record: _____

Reservation #: _____

Group # (if applicable): _____

Lead Passenger Name: _____

Departure Date: _____

Ship/Property Name: _____

Payment Amount: _____

Travel Insurance Payment Amount: _____

Total Amount to Charge: _____

I hereby authorize the above charge(s) to be placed on the credit card listed. By signing this authorization, I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

I am declining travel protection for my trip and understand I'll be responsible for any issues that arise.

Cardholder Signature: _____ Date: _____