



SCULPTRESS TRAVEL

18601 Green Valley Ranch Blvd. #108 PMB #235
Denver, Colorado 80249
www.sculptresstravel.com
sculptresstravel@gmail.com
(281) 844-3385

CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize Sculptress Travel to process the credit card information provided for the reservation details listed below:

YOUR CREDIT CARD WILL BE CHARGED AT THE TIME OF BOOKING IN ORDER TO PROTECT YOUR RESERVATION.

Agent – ELENA STEPHENS

Name(s) of travelers _____

Airline: _____ Travel dates: _____

Total Charge to My Credit Card \$ _____

My correct name and billing address as they appear on my account are:

Credit Card Type _____ Credit Card # _____

(Discover, Visa, American Express, MasterCard)

**CVV# _____ Expiration Date _____

Driver's license number is _____

My daytime phone number is _____

TRAVEL PROTECTION WAS OFFERED:

____ YES _____ NO

TRAVEL PROTECTION WAS ACCEPTED:

____ YES _____ NO

I understand that 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 if coverage is declined.

Signed _____ Dated _____

**CVV# is the 3 or 4 digit code which may be located either on the back of the credit card above the signature area, or on the front above the embossed credit card number. If you have difficulty locating the number please contact us.



TRAVELER DATA FORM

PLEASE PROVIDE THE INFORMATION BELOW IN ORDER TO
RESERVE YOUR TRAVEL PACKAGE.

Package Type: _____
(Cruise, Land and Air, Flight Only, Excursion Only, Other)

Traveler 1

Full Name (First Middle Last) _____

Address _____

Date of Birth _____ Gender M or F _____

E-Mail Address _____

Cell Phone # _____ Travel Insurance (YES OR NO): _____

Frequent Flyer # _____ Frequent Flyer Program/Type _____

TSA Secure Flight Program Information:

Passport # _____ Expiration Date _____

Passport Issuing Country (i.e. USA) _____ Citizenship (i.e. USA) _____

Known Traveler Number (i.e. Global Entry/CLEAR) _____

Flight Seat Preference: _____ Cabin Preference: _____

Traveler 2

Full Name (First Middle Last) _____

Address _____

Date of Birth _____ Gender M or F _____

E-Mail Address _____

Cell Phone # _____ Travel Insurance (YES OR NO): _____

Frequent Flyer # _____ Frequent Flyer Program/Type _____

TSA Secure Flight Program Information:

Passport # _____ Expiration Date _____

Passport Issuing Country (i.e. USA) _____ Citizenship (i.e. USA) _____

Known Traveler Number (i.e. Global Entry/CLEAR) _____

Flight Seat Preference: _____ Cabin Preference: _____