



ITRAVEL GLOBAL TOO INC

P O BOX 160014
NASHVILLE, TN 37216
615-715-8195

Date: _____

Customer: _____

Phone: _____

Address: _____

Email: _____

TRAVEL PURCHASE AUTHORIZATION for Travel Purchases, Events, or Products.

Thank you for your purchase. ITravel Global Too, Inc. is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. This form is **NOT** required for electronic purchases you complete yourself through **ITravel Global Too, Inc.**, or its affiliates. Charges are payable **ONLY** to ITravel Global Too, Inc. or the hotel, resort, tour operator, cruise line or other travel supplier, if applicable.

TRAVEL INSURANCE WAIVER

For your protection, Travel Insurance is strongly recommended and available upon request from ITravel Global Too, Inc. We can enroll you online for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or your ITravel Global Too, Inc. Independent Travel Agent can arrange coverage for you. For an insurance quote and purchase, please send an email to itravelglobaltoo@gmail.com or call 615-730-5500 to receive a copy of the authorization plan.

To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

I, _____, authorize ITravel Global Too, Inc. and or this travel supplier:

_____, to charge my: (check one) my MASTERCARD VISA DISCOVER OR DEBIT CARD

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____ Zip Code _____ CVV: _____

This is a one-time approval _____ This is a Payment Plan Approval _____

(A) For the amount of \$ _____ (USD) (one time) (B) For the amount of \$ _____ (USD) (monthly plan)


For the following travel arrangements: Itinerary

Dates of Travel: _____ Booking Number: : _____


Passenger Names

PLEASE SIGN ON THE LINE WHICH APPLIES

I have **ACCEPTED** and authorized the travel purchases above


 Customer Signature: _____
Date _____

I am authorizing the purchase of travel insurance, and I am aware the insurance premium is not refundable. (I understand insurance purchase can be a separate responsibility with two transactions).

 Customer Signature: _____
Date _____

OR

I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

 Customer Signature: _____
Date _____

IMPORTANT: Please attach a legible copy of the front and back of your credit card.

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