CREDIT CARD AUTHORIZATION FORM

TRAVEL PURCHASE AUTHORIZATION For: **TWB Travel Group – Explore Egypt and Discover Dubai**

Thank you for your purchase. The Independent Travel Agent listed above is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required.

I,_____, authorize InteleTravel.com and or this travel supplier: Cultural Holidays, to charge my: (Check One): ❒ AMERICAN EXPRESS ❒ MASTERCARD ❒ VISA ❒ DISCOVER

Card Holder Name: _____

Credit Card Number:_____ Expiration Date:_____

Billing Address:_____ CVV: _____

City: _____ State: _____ Zip Code: _____

Email:_____ Telephone #: _____

❒ ONE-TIME CHARGE ❒ RECURRING CHARGE UNTIL BALANCE IS PAID IN FULL

TO BE APPLIED ON: DATE: _____ IN THE AMOUNT OF $_____(USD)

This payment is a: ❒ Full Amount ❒ Deposit Amount ❒ Partial Payment ❒ Final Payment

For the following travel arrangements: **TWB Travel Group – Explore Egypt and Discover Dubai**

Dates of Travel: 11/7/2022 – 11/17/ 2022 Confirmation Number (supplied after registration) :_____

Passenger Names *(Please Print)* :_____

TRAVEL INSURANCE WAIVER

For your protection, Travel Insurance is strongly recommended and available upon request. Since most of our travelers are also Independent Travel Agents, we encourage you to obtain an online insurance quote and purchase by logging into your backoffice and click on *Insure It*.

Travel insurance is available upon request. Please indicate below if you would like to receive a travel insurance quote for purchase or that you are declining coverage. 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.

PLEASE SIGN ON THE LINE WHICH APPLIES

☐ I **ACCEPT** and authorize the travel purchases above and request a travel insurance quote for purchase.

OR

☐ I **ACCEPT** and authorize 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.

Independent Travel Agent with InteleTravel