CREDIT CARD AUTHORIZATION

TRAVEL INFORMATION & AUTHORIZATION

I, _____, authorize B-Adventurous Travel and/or the travel supplier to charge my credits cards for the agreed upon amount stated in the accepted proposal for the following travel arrangements:

DESTINATION: _____ BOOKING NO.: _____

MAIN PASSENGER NAME: _____ TRAVEL DATE: _____

CARDHOLDER INFORMATION

CARD HOLDER FULL NAME: _____

CHECK ONE: ○ VISA ○ M/C ○ AMEX ○ DISCOVER CARD NUMBER: _____

EXP DATE: _____ CVV: _____ SIGNATURE: _____ DATE: _____

Please acknowledge you have attached a legible copy for the front and back of your credit card when returning this form. ○ Yes ○ No

BILLING INFORMATION

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TRAVEL INSURANCE

TRAVEL PURCHASE AUTHORIZATION For Non-Website Purchases. Thank you for your purchase, I am pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. Charges are payable ONLY to the hotel, resort, tour operator, cruise line, other travel supplier, and/or independent Travel Advisor for specified booking fees (if applicable).

TRAVEL INSURANCE WAIVER For your protection, Travel Insurance is strongly recommended and available upon request. You can enroll for travel protection for Medical Expenses, Baggage Delays/Losses, trip Delay or Cancellation, and other coverage, or I can arrange coverage for you based on your needs.

TO DECLINE RECOMMENDED TRAVEL INSURANCE YOUR SIGNATURE ON THIS INSURANCE WAIVER IS REQUIRED. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you before receipt of the signed insurance waiver.

PLEASE SIGN ON THE LINE THAT IS APPLICABLE (ONLY ONE).

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

CARD HOLDER SIGNATURE: _____ DATE: _____

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.

CARD HOLDER SIGNATURE: _____ DATE: _____