

Attn: _____ Booking# _____

CREDIT CARD AUTHORIZATION FORM

I, the undersigned (Print Name) _____ authorize Central Holidays, to charge my credit card for my, and/or companion's scheduled trip.

Credit Card: (check one) VISA MASTERCARD DISCOVER AMEX OTHER

Card #: _____ **CCV #:** _____ **Expiration Date:** _____

Amount: \$ _____ **Departure Date:** _____

Billing Address: _____

(must match cardholder billing information)

City: _____ **State:** _____ **Zip:** _____

Passengers Names: (Under purchases from Card Holder)

1. _____
2. _____
3. _____

I have read, fully understand and agree with the General Terms & Conditions as per Central Holidays' current brochures or customized tours. I also have read, fully understand and agree with the cancellation policy.

Card Holder: _____

Date: _____

Print Name: _____

Signature: _____

Tel (Day): _____

Tel (Evening): _____

Insurance: Accepted Declined

Please Note: The travel agent certifies that the agency has the cardholder's name, address and signature on file.