

# Client Credit Card Authorization



Please complete this form and return the signed copy to the fax number above.  
 If you prefer, you may also complete this form and call us to provide the credit card number.

Cardholder Name:  
 (as it appears on Credit Card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

VISA     MASTERCARD     AMEX    Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Code (3 or 4 Digit Code on the back of the credit card): \_\_\_\_\_

I, \_\_\_\_\_ the registered cardholder authorize Expedia CruiseShipCenters to use my credit card to book the travel arrangements listed below.

I am aware of any cancellation policies and penalties.    Initial: \_\_\_\_\_

I am aware of the available insurance coverage options and have opted to: (please check one below)

Request a no-obligation quote     Purchase coverage     Decline coverage    Initial: \_\_\_\_\_

\_\_\_\_\_  
 (Cardholder Signature)    Date: \_\_\_\_\_

Description of Charges:

Merchant	\$ Amount	Reason

Internal Use Only

Consultant Name: \_\_\_\_\_ CTO#: \_\_\_\_\_