Credit Card Authorization Form

By signing this form, you give (vendor)Summer debit/credit card account for the amount of \$your travel plans. Please read the cancellation/change	You	r signature is required to complete
GUE	ST INFO	
Please verify all legal names and date of births of each guest are correct.		
1. Guest Name:		Date Of Birth:
2. Guest Name:		Date Of Birth:
3. Guest Name:		Date Of Birth:
4. Guest Name:		Date Of Birth:
BILLING INFO		
Cardholder Full Name:		
Billing Address:		
City:	State:	Zip Code:
Cell Number:	_ Work Number:_	
Card Number:		
[] Visa [] MasterCard [] Discover [] American Express		
Expiration Date (mm/yyyy):/ Security	Code:	_ Trip Total \$
It is strongly recommended to purchase travel insurance. If you choose not to purchase travel or cancellation insurance, you understand you are liable for any cancellation penalties and out-of-pocket expenses incurred. You will also make your own provisions in the event of an emergency while traveling. I understand the Trip Travel Insurance premium is non-refundable.		
I hereby accept travel insurance coverage. I understand the trip cancellations and interruption details, terms and conditions that were provided or discussed with me. I hereby decline travel insurance coverage. I understand the trip cancellation and interruption details, terms and conditions that were provided or discussed with me. I acknowledge that all the information above is correct.		
By signing below, I am giving authorization to charge my card for all charges listed above. I have been informed of the cancellation policies for our travel services and have been made aware of the benefits of travel protection.		
Customer Signature:		Date:

Please attach a copy of your credit card front and back and a copy of your drivers license. This form is for your own record keeping. It is not necessary to send this form to Xstream Travel corporate office.