



## CREDIT CARD AUTHORIZATION FORM

YOUR TRAVEL AGENT NAME \_\_\_\_\_

Destinations Etc are authorized to charge the credit card below for the following charges:

Name of Trip or Destinations \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Your roommate(s) name \_\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_

Visa

MC

Discover

CC# \_\_\_\_\_ Exp. \_\_\_\_\_

Three Digits on Back of Card \_\_\_\_\_

Print Name \_\_\_\_\_

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

City, State, and Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature authorizes **Destinations Etc** to charge this credit card for the charges listed above. Credit card payments cannot be accepted over the telephone without your signature on this form.

Travel Insurance:

Accepted

Declined

Please attach a copy of the front and back of the credit card listed above and photo ID with matching signatures.  
Without this information we are unable to process the charges.