Credit Card Authorization Form

By signing this form, you give (vendor) debit/credit card account for the amount of \$ your travel plans. Please read the cancellation/change	Your sig e policies tor your trip.	permission to debit your nature 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:		
Cell Number:		
Card Number:		
[] Visa [] MasterCard [] Discover [] Ame Expiration Date (mm/yyyy):/ Security	•	p 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.