

CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize _____ to process the credit card information provided for the reservation details listed below:

GUEST NAME: _____ TRIP TYPE: (CRUISE/PACKAGE/OTHER) _____

SUPPLIER NAME: _____ CONFIRMATION#: _____

DEPARTURE DATE: _____ RETURN DATE: _____

CONTACT NAME: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

LAST FOUR DIGITS OF CREDIT CARD: _____

**** To protect your confidential information, do not provide full credit card number in this form. You will be contacted by your Travel Agent to provide your full credit card number and CVV number. A copy of the driver's license is needed along with this form ****

TOTAL TO CHARGE TO MY CREDIT CARD: _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

CREDIT CARD HOLDER SIGNATURE: _____ DATE: _____

This form is provided to you by an independent travel agent affiliate of Archer Travel.

Seller of Travel: CA 2001330-10, FL 35395

