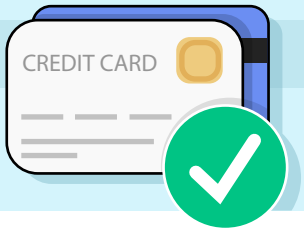
AUSTRALIA
CREDIT CARD AUTHORIZATION FORM



Independent Contractor Information

Business Name: _____

Business Address: _____ City: _____

State: _____

Business Phone Number: _____ Email: _____

I _____ hereby authorize _____ to
Independent Contractor
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 written on this form. You will be contacted by your Travel Agent to provide your full credit card number and CVV number. A copy (picture) of the driver's license and copy (picture) of the front of the credit card 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: _____

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