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TRIPS & SHIPS

LUXURY TRAVEL

Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential. You must provide a clear copy of cardholder's picture ID or by return of this form alone your travel advisor is acknowledging that you are known to him/her.

Name (as it appears on card): _____

Cardholder's Billing Address: _____

Card Type (VI/MC/AMEX/DC). Card Number: _____

Expiration Date: _____ Card Security Code: _____ Total Amount of Charges: \$ _____

In lieu of my credit card imprint I acknowledge that I am the cardholder listed above, and authorize:

Becki Wells/Trips and Ships Luxury Travel/Royal Caribbean to charge my credit card.

I, _____, authorize Becki Wells/Trips and Ships Luxury Travel/Royal Caribbean to charge my credit card account listed on this document for the travel related charges (cruise deposit, cruise payment in full, service fee, cancellation fee-if applicable, shore excursions, group hotel and/or transfers). I understand all the terms and conditions of this booking and agree to the terms and conditions provided to me for this travel arrangement, including all cancellation policies. I understand and agree that travel arrangements may be subject to non-refundable cancellation penalties. I agree to carefully read all emailed communication between and myself and note all restrictions that may apply. I further understand that as part of your travel services, you recommend that all travelers purchase some form of travel insurance to help protect their travel investment.

If this document is signed on behalf of the cardholder, the signatory has been authorized by the cardholder and cardholder accepts all responsibilities for charges.

I, _____, certify that the information provided on this form is true and correct. I am authorized to effect charges on the credit card number provided. I agree that in the event of a discrepancy to my credit card account, I will notify your agency's accounting department within seven (7) business days of receiving the credit card statement or immediately upon knowledge of such error.

Cardholder's Signature: _____

PRINT NAME: _____

As the credit card holder, I authorize _____ to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____ (mm/dd/yyyy)