



• LEADERS IN TRAVEL AGENT SERVICES •

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE ALL FIELDS.

YOU MAY CANCEL THIS AUTHORIZATION AT ANY TIME BY CONTACTING YOUR TRAVEL AGENT.

*AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELED

CREDIT CARD INFORMATION

CARD TYPE	<input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> OTHER_____				
CARDHOLDER NAME (AS SHOWN ON CARD)					
CARD NUMBER					
EXPIRATION DATE (MM/YY)		3 DIGIT # ON BACK		CARDHOLDER ZIP CODE (CREDIT CARD BILLING ADDRESS)	

RESERVATION DETAILS

GROUP RESERVATION NUMBER					
HOTEL SHIP					
TRAVEL DATES					
NAMES OF ALL TRAVELERS FOR WHOM THIS PAYMENT IS MADE (IF UNDER 18, AGES AS WELL)					
TRAVEL INSURANCE	<input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE, I UNDERSTAND THAT CHANGE & CANCELLATION FEES MAY APPLY				

PAYMENT DETAILS

DEPOSIT \$	
TRAVEL INSURANCE \$	
TOTAL CHARGED TODAY \$	
REMAINING BALANCE \$	

ADDITIONAL NOTES | COMMENTS

AUTOMATICALLY CHARGE BALANCE ON FINAL PAYMENT DUE DATE

I, _____, authorize _____, A Gateway Travel Partner to charge my credit card on behalf of the associated suppliers for the charges detailed for agreed upon travel. I acknowledge that I have read and understood the change, cancellation, choice for travel protection, and other important information that apply to my confirmed reservation as given.

Customer Signature _____

Date _____