

**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: \_\_\_\_\_

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

Seller of Travel: CA 2001330-10, FL 35395

