

## Credit Card Authorization Letter

Date:		
Full Name:		
Phone:		
Address:		
Re: Credit card authorization	or travel arrangements	
т	haldan af	
1,	, holder of credit card number expiring on, with a security code of, authorize	70
	ke purchases up to but not exceeding the total amount projected for my	ze
	(amount prior to 3.5% card processing fee). I understa	on.
	on file for future transactions. I agree to pay these charges and abide by the	
Terms and Conditions.	if the for future transactions. I agree to pay these charges and ablue by the	16
Terms and conditions.		
Based on the conditions of my	invoice, I understand that Craft Travel may split this authorized total	
	b hold space and/or secure instant purchase air tickets; and later, to make	e
_	e on my invoice. Should my travel arrangements change, and the total	-
	will be asked and required to sign a new authorization form.	
,		
Billing address:		
I agree to pay for this purchas	in accordance with the issuing bank cardholder agreement.	
Sincerely,		
Silicerely,		
Signature:	Date:	

## **Trip Insurance**

We recommend a comprehensive Travel Insurance Plan to protect your trip against cancellation or interruption penalties caused by bad weather, flight delays, illness, or even death... unexpected sickness or injury medical expenses....to name a few. Please see policy documents for complete information. We highly recommend that you purchase this valuable protection.

Note that based on new policy requirements: All policies covering pre-existing conditions must be issued a maximum of 15 days following deposit.

YES, I accept the coverage; please include it on my invoice.

NO, I do not want the coverage and assume the cancellation risks.

Please circle one of the above.

Signature:	Date: