



RESERVATION & CREDIT CARD CHARGE AUTHORIZATION FORM

Name/s _____

Address _____

Billing Tel _____ Home or Business _____ Fax: _____

Airline _____ Class _____ Hotel _____ Room nights _____

From _____ Date _____ To _____ Date _____

Tour/Cruise per person \$ _____ No. of persons _____ Joining tour from _____

Airfare per person \$ _____

Tax per person \$ _____

Air Upgrade \$ _____ B Class F Class

Hotel/Other services \$ _____

Total Price \$ _____

Less Deposit \$ _____ Deposit due date _____

Balance \$ _____ Balance due date _____

Travel Insurance: Highly recommended to protect you from unexpected circumstances and in the event you have to cancel your trip unexpectedly. Check here if travel insurance required:

Payment by credit card



Check one

Name on Card: _____

Card Number : _____

Expiration Date _____ / _____

Amount authorized: \$ _____

Cardholder's Signature _____

*By signing you have authorized Innovative Travel Services to charge your credit card in lieu of cash payment and you will not place a **STOP PAYMENT** order or dispute the charge for above services rendered. Please note credit card charge must be made 7 working days before the due date. Once travel documents are issued, it is non refundable and any changes will have penalties.*

Cardholder's Billing Address _____

For please insert 3 digit number found on back of card: _____

For official Use only - Date charged _____ Date Deposited to Bank _____

