



Cardholder Authorization Form

All Fields Required -PLEASE PRINT LEGIBLY)

Key Ingredient for Relaxation

Travel Agent Information

Agent Name: All Smiles Travel

Agent ID #: 20029719 Date: _____

I, _____ have authorized
(company) _____ to charge the amount of \$ _____

To my below credit card for the following services:

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

City: _____ State: _____ Zip Code: _____

I have been informed of the cancellation policies for our travel services and have been made aware of the benefits of travel protection. At this time I have decided to ___Accept___ Decline or ___Defer travel insurance at this time. (Please initial)

Circle One: Visa MasterCard Discover American Express

Card Number

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Expiration Date MM/YYYY

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CVV (required)

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VISA, MASTERCARD, DINERS & DISCOVER credit cards have a three-digit (CVV) number. It is printed in the signature panel on the back of the Visa, MasterCard and Discover cards. The verification number is the last 3 digits on the right side of the panel. AMERICAN EXPRESS credit cards have a 4 digit non-embossed number. It is printed above the account number on the front of your card. It may appear to the left or to the right, but it is always above your account number. DEBIT CARDS or if your card has no verification code, enter 0000 in the CVV/CID field.

Signature of Cardholder: _____ Date: _____

Authorization:

I hereby authorize _____ to charge the indicated credit card listed above for the travel services stated above. I guarantee and warrant that I am the legal cardholder for this credit card.

NOTE: If trip is booked and cancelled after any type of payment is made, client will be responsible for a \$60 service charge for services already provided by All Smiles Travel.

Name: _____

Trip Summary (Destination): _____

Number of Passengers Traveling: _____

Total Cost/Charges: _____

Initial Deposit: _____ Date: _____

Final Payment: _____ Date: _____

Comments: _____
