Cruise Booking Request / Credit Card Authorization Form

*Complete one form per person unless those sharing a room have the same mailing address and fax or email it back to Fabulous Fisher Travel at 864-509-9072 or fabulousfishertravel@gmail.com*

**Passenger #1**- First, Middle, Last Name (as on Passport):       Birth Date:

Address:       City:       State:       Zip:

Phone (H): (     )       Phone (Cell): (     )       E-Mail:

Passport Number (must be valid through 6 months after travel) \_     \_ Expiration Date \_\_     \_

**Passenger #2-** First, Middle, Last Name (as on Passport):       Birth Date:

Passport Number (must be valid through 6 months after travel) \_     \_ Expiration Date:      \_

Emergency Contact: \_\_     \_\_ Phone Number: \_\_     \_\_

**Passenger #3-** First, Middle, Last Name (as on Passport):       Birth Date:

Passport Number (must be valid through 6 months after travel) \_     \_ Expiration Date:      \_

Emergency Contact: \_\_     \_\_ Phone Number: \_\_     \_\_

**Passenger #4-** First, Middle, Last Name (as on Passport):       Birth Date:

Passport Number (must be valid through 6 months after travel) \_     \_ Expiration Date:      \_

Emergency Contact: \_\_     \_\_ Phone Number: \_\_     \_\_

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**Cruise:** \_\_\_Barcelona 7/21/19 \_\_\_\_ New Orleans 4/13/19 \_\_\_\_ Dubai 1/6/20

Total Vacation Costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which includes \_\_\_ Hotel \_\_\_ Cruise \_\_\_\_ Air \_\_\_ Insurance

**Payment Details: $\_\_\_\_\_\_\_\_\_\_\_ is the total authorized payment for today.**

This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Optional Add-ons:** Vacation Protection- $\_\_\_\_\_\_\_per person- Accepted  Passenger 1  Passenger 2  Passenger 3

Payment Methods:  Credit Card/Bank Card

Card Type:       Number:       Exp. Date:       Security Code

Name on card:       Amount Paid: \_\_     \_\_\_

Billing Address (if different than above):

City       State       Zip Code

**PLEASE SIGN ON THE LINE THAT APPLIES**

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium and agent administrative fee is not refundable.

Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR** I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be

entitled to a full refund should my travel plans change. In case of cancellation of non refundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier’s rules.

Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT: Please attach a legible copy of the front and back of your credit card.**

**E-mail to** [**Fabulousfishertravel@gmail.com**](mailto:Fabulousfishertravel@gmail.com) **or Fax to: 864-509-9072**