

**The Quarles Travel Group**  
(904) 743-3698, Fax: (904) 743-0115

# CREDIT CARD CHARGE AUTHORIZATION FORM

http://www.thequarlesttravelgroup.com  
email: Pamela@thequarlesttravelgroup.com  
AGENT NAME: \_Pamela D. Quarles

IN LIEU OF MY CREDIT CARD IMPRINT, I: \_\_\_\_\_  
(PRINT FULL NAME AS ON CARD)

HEREBY **AUTHORIZE CRUISE and TOURS UNLIMITED** OR ITS AFFILIATE, The Travel  
Insurance Company, The Transporting Airline, Hotel or Tour Company, TO CHARGE \$:

ON MY CC #: \_\_\_\_\_, EXPIRATION DATE: \_\_\_\_\_, CCV#: \_\_\_\_\_

FOR THE PAYMENT OF MYSELF AND/OR:

\_\_\_\_\_  
(PLEASE LIST EACH PARTY YOU AUTHORIZE TO BE CHARGED TO YOUR CC# FOR THE FOLLOWING ITINERARY)

DATE OF DEPARTURE: \_\_\_\_\_ DEPARTURE CITY: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

MY BILLING ADDRESS IS: \_\_\_\_\_  
(IF TICKET ISSUED IS NOT AN E-TICKET, THE DOCUMENTS WILL BE MAILED TO THE ABOVE ADDRESS)

TELEPHONE: (HOME) \_\_\_\_\_ (OFFICE) \_\_\_\_\_

By signing below, I acknowledge charges described hereon, payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. I am also aware of all restrictive conditions on the ticket that I am purchasing, (Non Refundable, No Changeable/Changeable with a fee, etc.), including 10% cancellation fee on all bookings as well as other airline conditions for which **The Quarles Travel Group** is not responsible. For these reasons travel insurance is strongly recommended. I recognize that the above amount may be different from the amount that appears on my tickets. Please note that all taxes & service charges are included in the above amount. I have read and agree to the **The Quarles Travel Group** terms and conditions.

SIGNATURE OF CARDHOLDER X: \_\_\_\_\_ DATE: \_\_\_\_\_

**In order to protect yourself and our company against the fraudulent use of Credit and Debit Cards, please complete, sign, and return this form (a photocopy of both the front and back of your credit card or debit card is required for transactions in which the cardholder is not the traveler). The personal information supplied by you will be treated in the strictest confidence and will only be used for this transaction.**

FOR OFFICE USE ONLY: \_\_\_\_\_

INVOICE: \_\_\_\_\_

**Fax this form to 904 743 0115**

