Prestige Travel Systems

CREDIT CARD AUTHORIZATION FORM

AGENT NAME AG	ENT/PREFERRED ID
Travel Type (please check one): Air Tour Cruise-Individual Cruise-Group Invoice # and/or Booking/Confirmation #:	
I,, authorize Prestige Travel Systems to charge my	
Visa MasterCard Discover	American Express
credit card number	exp date
in the total amount of \$ for the following pas	ssengers (check proper spelling of names with birth
certificates, driver's license or passport):	
1.	3.
2.	4.
for travel on (date of travel)	
Name of Credit Card Holder (Print)	Credit Card Holder Signature
Billing Address	
Telephone Number	or
The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.	
By signing above, I acknowledge and accept this charge to my credit card. I also acknowledge that Prestige Travel Systems acts only as a booking agent, other participating organizations act solely as other agents in arranging transportation, hotel accommodations and other services. We do not assume, and in fact, we expressly disclaim any liability for injury, damage, loss, accident or delay due to any act, negligence or default of tour guide, or any company or person engaged in transporting the passengers, or rendering any services, or carrying out the arrangements or any tour, or their agents, servants and employees. Any and all disputes or claims concerning this contract must be resolved exclusively between the parties by submitting the dispute or claim in binding arbitration in the State of Florida.	
TRAVEL PROTECTION AGREEMENT	
I would like to purchase Travel Protection insurance for an additional \$	
I am NOT interested in purchasing Travel Protection insurance and I acknowledge that I have been offered this coverage, but I chose to decline.	
Signature	Date

*** Prestige Travel Systems charges an additional \$25 fee for cancellations once deposit is received and \$50 after final payment is received.

4802 Gunn Highway, Suite 158, Tampa, FL 33624 (813)289-7772 FAX (813)264-5736