

## **Cardholder Authorization Form** (All Fields Required – PLEASE PRINT LEGIBLY)

I authorize SimplyFABulous Travel Group to charge my credit/det (Full name)			
card account indicated belo	w for (Amount)	on or after(Date)	This payment is
for Travelers and (# Traveling)		The	payment will be for
(Initials) I acknowled (Initials)	ge and understand that	t my Airfare is 🗌 non-refun t my deposit is 🗌 non-refun tection Insurance and under	dable 🗌 refundable
Billing Address	rip can be covered by	a travel protection policy.	
City, State, Zip		Email	
	e: 🗌 Visa 🗌 M	asterCard 🗌 AMEX [	Discover
Account Type			
holder Name			

In lieu of my card imprint, I hereby authorize SimplyFABulous Travel Group to make the required payments to my credit card/debit card for the travel expenses for myself and/or passengers mentioned above. I will support this authorization with photocopies of my credit card and government ID such as Identification Card, Drivers License, or a Passport attached herewith. By signing below, I acknowledge full liability for the charge described herein. Payment in full will be made to card issuing authority as per terms of card issue. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated.

(Initials)

DATE

## SIGNATURE

Personal Information Privacy

SimplyFABulous Travel Group will take the appropriate steps to keep your personal information confidential. We will not sell, rent, or give away our client's personal information to anyone.