

CREDIT CARDHOLDER'S AUTHORIZATION

VISA, MASTERCARD, DISCOVER, & AMERICAN EXPRESS

IN LIEU OF MY CREDIT CARD IMPRINT, I, _____

HEREBY AUTHORIZE _____

CREDIT CARD NAME

CREDIT CARD NUMBER

EXPIRATION DATE

3 DIGIT SECURITY CODE (Visa, Discover and MasterCard 3 digit non embossed number on back of card-AMEX 4 digit non embossed number on front of card) _____

IN THE AMOUNT OF \$ _____ FOR DEPOSIT OR FULL/FINAL PAYMENT — AS PER INVOICE

FOR TRANSPORTATION/TOUR FOR MYSELF/AND/OR

FULL NAMES OF PASSENGERS IF OTHER THAN CARDHOLDER SAME NAME AS APPEARS ON PASSPORTS

FOR CRUISE/TOUR (s)

NAME: _____

I ACCEPT _____ DECLINE _____ TRAVEL INSURANCE OFFERED BY CONTINENTAL JOURNEYS (MUST BE CHECKED)

MY BILLING ADDRESS: Must include ZIP CODE:

DAY PHONE: _____

EVENING PHONE: _____

HOME or WORK FAX: _____

NOTE: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE PHOTO COPY OF CREDIT CARD (FRONT & BACK) AND, PASSPORT OR DRIVER'S LICENSE OF CARD HOLDER

By signing below, I acknowledge the charges described herein AND that I have read and understood Continental Journeys Terms and Conditions which are found on continentaljourneys.com especially with regards to cancellation and responsibility clauses and agree to be bound by them. I acknowledge payment in full is to be made when billed in accordance with the standard policy of the company issuing the credit card.

X _____

SIGNATURE OF CARDHOLDER

DATE

THIS FORM MUST BE RECEIVED BY **CONTINENTAL JOURNEYS**, PRIOR TO DOCUMENT ISSUANCE. INCOMPLETE INFORMATION OR FALSE STATEMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF DOCUMENTS!

NOTE FOR TRAVEL AGENTS: IT IS ILLEGAL FOR YOU TO SIGN THIS FORM ON BEHALF OF THE CARDHOLDER. THE FORM MUST HAVE CARDHOLDER'S ORIGINAL SIGNATURE.

WE REQUIRE A SEPARATE FORM FOR EACH CREDIT CARD TRANSACTION-DEPOSIT AND FOR BALANCE.

FAX THIS FORM WITH DOCUMENTS TO: (952) 658 0617 OR EMAIL AS ATTACHMENT TO

info@continentaljourneys.com QUESTIONS CALL 800 601 4343 or 760 992 5369