

CREDIT CARD CHARGE AUTHORIZATION

Caribbean Tours Specialists
25 S Service Road, Jericho, NY 11753
Tel. (516) 281-7100 • Fax (516) 281-7171

In Lieu of my credit card imprint, I hereby authorize CTS to charge my credit card for travel expenses in the amount listed below. The issuer of this card is authorized to pay the amount shown upon proper presentation. I agree to pay such amount (together with any other charges due thereon) subject to, and in accordance with, the agreement governing the use of such card.

COMPLETE ALL BLANKS, SIGN AND RETURN

BOOKING#: _____ AMOUNTS\$: _____ TRAVEL DATE: _____

American Express _____ Visa _____ Master Card _____ Discover _____ CCI _____

CREDIT CARD# _____ EXP. DATE: _____

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FOR: _____

(Passengers besides card member)

I _____, agree and understand the terms and conditions of my tour package, in the event of dispute of the above charge, Cardholder agrees to seek reimbursement through the travel agency, the tour operator, the airline, or the hotel. Cardholder will seek no recourse by disputing this charge with the credit card company or issuing bank.

Signature: _____ DATE: _____

Fax complete copy to CTS (516)281-7171. CTS will obtain the authorization code.