

**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 (Found on back of card) \_\_\_\_\_

IN THE AMOUNT OF \$ \_\_\_\_\_ FOR DEPOSIT -\$250 PER PERSON OR FULL/FINAL PAYMENT – AS PER INVOICE

FOR TRANSPORTATION/TOUR FOR MYSELF/AND/OR

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

FOR CRUISE/TOUR (S): TOUR NAME:

\_\_\_\_\_

TRAVEL INSURANCE: YES: \_\_\_\_\_ NO: \_\_\_\_\_ (MUST BE CHECKED-SELECT ONE)

MY BILLING ADDRESS: Must include ZIP CODE

\_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ WORK 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. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card.

X \_\_\_\_\_  
SIGNATURE OF CARDHOLDER

\_\_\_\_\_  
DATE

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

**FAX THIS FORM WITH DOCUMENTS TO: (818) 995-8673 or mail to 5249  
Leghorn Ave. Sherman Oaks, CA 91401 – QUESTIONS, CALL: (818) 995-8643 OR  
(800) 601-4343**