



**TRAVEL**

**CREDIT CARD CHARGE AUTHORIZATION**

In lieu of my credit card imprint, I \_\_\_\_\_  
(Name as it appears on the credit card)

hereby authorize AAA Travel to charge my \_\_\_\_\_  
(Type of credit card/credit card number/expiration date)

the amount of \$ \_\_\_\_\_ plus \$ \_\_\_\_\_ for optional travel insurance.

Please circle one:      Travel Insurance Accepted                  Travel Insurance Declined

Trip Details

Departure \_\_\_\_\_

Return \_\_\_\_\_

Names of travelers as appear on government-issued identification

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship/Resort/Tour/Room Description

\_\_\_\_\_  
\_\_\_\_\_

If an airline itinerary is attached, please initial indicating your acceptance of airline, flight dates and times and fax back with this form.

Credit Card Billing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home address if different from above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_

I acknowledge and accept the credit card charges described above and understand all terms, conditions, and deposit and cancellation policies. I accept the trip details as indicated above. I understand that if this trip is changed or cancelled, penalties may apply up to the full cost of the trip. I acknowledge that any questions that I had concerning this form have been answered to my full satisfaction.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

Your trip cannot be finalized until the form is faxed back to \_\_\_\_\_  
by \_\_\_\_\_.



**Worthy Grand Matron's  
Scandinavia/Russia Group Cruise  
August 23, 2010 12 Nights**  
Please fill out  
**ONE FORM PER PERSON**

Legal Name (must be as it appears on passport)

\_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Passport Number (must be valid for 6 months beyond intended stay)

\_\_\_\_\_

Passport Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Passport Place of Issuance: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Special Needs? Dietary or other \_\_\_\_\_

I will be flying from: Air City \_\_\_\_\_

I would like to take the 4 night Pre Hotel Stay in London: Yes \_\_\_\_\_ or No \_\_\_\_\_

I would like to book the following type of cabin (please circle one)

Interior Cabin      Ocean View      Balcony

Please charge my credit card listed below for the \$450 deposit per person.

Credit Type and Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Final Payment is due on or before 6/10/10