

VERIFICATION OF TRAVEL ARRANGEMENTS/CREDIT CARD AUTHORIZATION FORM

I, _____, AUTHORIZE EASY ESCAPES TRAVEL TO CHARGE MY CREDIT CARD AS FOLLOWS:

NAME(S) OF PERSON(S) TRAVELING AND TSA SECURE FLIGHT INFORMATION:

Secure Flight Information: The Transportation Security Association Secure Flight Program requires airlines to provide date of birth and gender before a boarding pass can be issued.



***INTERNATIONAL TRAVEL:** PLEASE PROVIDE FULL NAMES AS THEY APPEAR ON PASSPORTS. MIDDLE NAMES NEED TO BE SEPERATED BY SLASHES AS SHOWN BELOW. FAILURE TO ACCURATELY NOTE ANY TRAVELER NAMES WILL RESULT IN NAME CHANGE PENALTIES

1. _____ DOB: _____ ___ Male / ___ Female
 FIRST / MIDDLE / LAST /SUFFIX
2. _____ DOB: _____ ___ Male / ___ Female
 FIRST / MIDDLE / LAST /SUFFIX
3. _____ DOB: _____ ___ Male / ___ Female
 FIRST / MIDDLE / LAST /SUFFIX
4. _____ DOB: _____ ___ Male / ___ Female
 FIRST / MIDDLE / LAST /SUFFIX

*I (OR) THEY ARE TRAVELING TO _____

*DEPARTURE DATE _____

*RETURNING ON _____

TERMS AND CONDITIONS

WE STRONGLY RECOMMEND YOU OBTAIN TRIP INSURANCE FOR YOUR PROTECTION AS AIRLINE TICKETS ARE NON-REFUNDABLE AND PENALTIES APPLY FOR ALL CHANGES, CANCELLATIONS OR REVISIONS

*I HAVE BEEN ADVISED OF THE AVAILABILITY OF TRIP INSURANCE FOR MY PROTECTION.

**PLEASE INITIAL: I _____ ACCEPT THE INSURANCE or _____ I DECLINE THE INSURANCE (insurance is optional & additional).

*I AM RESPONSIBLE FOR CONFIRMING BAGGAGE ALLOWANCES WITH THE AIRLINE AND ENSURING COMPLIANCE WITH GOVERNMENT ENTRY AND EXIT REQUIREMENTS (PASSPORTS/VISAS), INCLUDING RESTRICTIONS DUE TO CRIMINAL CONVICTIONS. Please verify the requirements for your destination (www.travel.state.gov). Note that travel insurance of any kind, including cancel for any reason, will be void in denial of boarding.

**PLEASE INITIAL: I _____ ACCEPT THE TERMS & CONDCTIONS or I _____ DECLINE THE TERMS & CONDITIONS

CARDHOLDER'S BILLING INFORMATION

*CARDHOLDER'S NAME: (As it appears on the card): _____

*TYPE OF CREDIT CARD: _____ *3 Digit Security Code (on back of card) _____
 (Or 4 digits on front AMEX)

*CARD NUMBER _____

*EXPIRATION DATE: _____ * AUTHORIZED AMOUNT TO BE CHARGED \$ _____

*BILLING ADDRESS: _____

*CITY: _____ *STATE: _____ *ZIP: _____

*TEL # _____ *(EMAIL) _____

* _____ * _____
 (SIGNATURE) (DATE)