



ATTN: _____
Booking Agent's Name

TEL: 212-201-1611/ 800-294-6643 FAX: 800-691-1809 Email: Marjorie@easyescapestravel.com
VERIFICATION & CONFIRMATION 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.



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 & CONDITONS *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 digit on front AMEX)

CARD NUMBER _____

EXPIRATION DATE: _____ AUTHORIZED AMOUNT TO BE CHARGED _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL # (Day / Cell) _____

(EMAIL) _____

(SIGNATURE) (DATE)

Note: For 3rd party credit cards: please include a copy of a valid driver's license or picture ID plus copy (Front & back) of the credit card being used for the above arrangements.