InteleTravel.com 800.873.5353

Customer: _____ **Date:** _____

Independent Travel Advisor: Brittany Williams **PIN:** _____

Advisor Tel: 9128507838 **Fax:** _____ **Email:** bookezgetaways@gmail.com

TRAVEL PURCHASE AUTHORIZATION For Non-Website Purchases. Thank you for your purchase.
InteleTravel.com is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. This form is NOT required for electronic purchases you complete yourself on our website, www.InteleTravel.com, or its affiliates. Charges are payable ONLY to InteleTravel.com or the hotel, resort, tour operator, cruise line or other travel supplier. Independent Travel Advisors may not accept and process charges through any other account, or accept checks, cash or other forms of payment.

TRAVEL INSURANCE WAIVER

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To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

I,_____, authorize InteleTravel.com and or this travel supplier:

_____, to charge my:

(check one) ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA ☐ DISCOVER

Credit Card Number :_____Expiration Date:_____

Billing Address:_____CVV: _____

_____ For the amount of $_____(USD)

For the following travel arrangements:

Itinerary :_____

Dates of Travel:_____Booking Number::_____

Passenger Names:_____

_____

PLEASE SIGN ON THE LINE WHICH APPLIES

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

Customer Signature:_____Date_____

OR

I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Customer Signature:_____Date_____

IMPORTANT: Please attach a legible copy of the front and back of your credit card.

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