

David Parker ALL THE WAY TRAVEL

Fax to 1(904) 779-3255

E-mail: david@allthewaytravel.com 1-800-344-3043

5091 Rebecca Alan Lane. Jacksonville FL 32258

Group Trip Credit Card Purchase Authorization Form

- Please read terms and conditions located at www.allthewaytravel.com
- Room deposit refundable outside of 91 days prior to the trip. Up to full trip cost is non-refundable if cancelled inside of 46 days prior to arrival.
- Florida Seller of Travel Registration ST-34213

Your Name _____ Travel Agent: **David Parker: ALL THE WAY TRAVEL**

Correct Legal Names for all Passengers: _____

Address: _____

City: _____ State _____ Zip _____

Day time phone: _____ Home phone _____

Travel Dates: _____ number of nights _____ Total Trip cost _____

Resort: _____ Room Category: _____

Terms & Conditions – Trip Insurance Waiver

I have read, understand and accept the terms and conditions. I am choosing to accept or Decline the travel insurance which has been strongly recommended to me.

Please initial for trip insurance: Accept _____ Decline _____

Method of Payment: Visa _____ Master Card _____ American Express _____ Discover _____

Authorization to Charge Credit Card

I, (Credit Card Holder _____) Authorize a charge of \$ _____

to the following credit card # _____ exp date: _____

Card holder signature: _____ 3 or 4# credit card security code _____

Date: _____

Please initial if you would like to have the final payment charged to the same credit card 45 days prior to departure. Yes _____ No, I will make other arrangements for final payment _____

Special requests _____

E-mail address: _____