

David Parker ALL THE WAY TRAVEL

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Credit Card Purchase Authorization Form

- Please read terms and conditions located at www.allthewaytravel.com
Florida Seller of Travel Registration ST-34213
- **PLEASE PRINT NEATLY AND CLEARLY AS POSSIBLE**

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

Correct FULL Legal Names exactly as they appear on passports and Date of Birth for all

Passengers: _____

Address: _____

City: _____ State _____ Zip _____

Day time phone: _____ Home phone _____

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

Resort: _____ Room Category: _____

Is Airfare included in your package? _____ Air Departure City: _____

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: _____