



PAYMENT AUTHORITY & BOOKING FORM

In order to confirm your travel arrangements, it is imperative that you scan & e-mail (info@craigcoreyvacations.com) or fax (888 210-3033) this form to us as soon as possible.

CLIENT: I authorize Craig Corey Vacations to bill my credit card on behalf of all associated suppliers for the charges detailed

Date: _____, Destination/Booking#: _____

Non Refundable deposit:	\$
Additional Payment:	\$
Flight Payment:	\$
Insurance:	\$

Declined - I do not require travel insurance. I understand cancellation and change penalties apply that can be 100% of the value of my trip regardless of reason for canceling.

Please note your land deposit is non-refundable. Airfare pricing and availability is subject to change until airfare has been ticketed.
We strongly recommend purchasing travel insurance. Travel insurance is also non refundable.

Name of Cardholder: _____

Billing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Contact Phone: _____

Credit Card No: _____ Card Type: _____

Expiry: _____ CW: _____

Cardholder Signature: _____

Craig Corey Vacations Service Agreement attached.

THIRD PARTY (If a non-traveling passenger is making a credit card payment). I agree to email a scanned copy of the credit card (front and back) with cardholder signature, a form of identification (e.g. Driver's License), and relationship of 3rd party to the passenger.