



## CREDIT CARD AUTHORIZATION FORM

Company: **Cruise Wave Travel** Booking Reference: \_\_\_\_\_ Consultant: \_\_\_\_\_

I, the undersigned (Print Name) \_\_\_\_\_ authorize Cruise Wave Travel to charge my credit card as follows for my and/or my companion's scheduled trip:

Credit Card: (CHECK ONE)  **MASTERCARD**  **VISA**  **AMERICAN EXPRESS**

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ (DATE)

Amount: \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ Insurance (per person) x \_\_\_\_\_ people **Total Charge:** \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_

(Must match cardholder-billing information)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Due to our pre-purchased block of cabins, your payment may be split between the Cruise Line and Cruise Wave Travel. These charges are not duplicate charges, they will total the full amount authorized by the cardholder. If these total charges exceed the total amount on your Confirmation from Cruise Wave Travel, please contact us immediately at **1-866-596-9283**.

### The Cardholder

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Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Tel (Day): \_\_\_\_\_

Tel (Evening): \_\_\_\_\_

**INSURANCE:** Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_

\* **NOTE:** By signing, the Client certifies he/she has verified the cardholder's identity, has discussed the Terms and Conditions with the Travel Agent, and has the cardholder's name, address and signature on file for this charge.  
**Please submit this form together with a legible photocopy of the front and back of the card, and a photocopy of the ID page of all travelers' passports to: Cruise Wave Travel, #109-8166 128 Street, Surrey, BC V3W 1R1 or by fax 604-543-9282.**

[www.cruisewavetravel.com](http://www.cruisewavetravel.com)