Sonic Jones, CEO
Cell: 678-373-0975
Email: XFTravelBookings@gmail.com

Credit Card Authorization

By signing this form, you give (vendor) _____permission to debit your debit/credit card account for the amount of $_____. Your signature is required to complete your travel plans. Please read the cancellation/change

Guest Info

1. Guest Name _____ Date of Birth: _____
2. Guest Name _____ Date of Birth: _____
3. Guest Name _____ Date of Birth: _____
4. Guest Name _____ Date of Birth: _____
5. Guest Name _____ Date of Birth: _____

Billing Info

Cardholder Full Name: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Cell Number: _____ Work Number: _____
{ } Visa { } Mastercard { } Discover { } American Express Expiration Date: ____ /____
Card Number: _____ Security Code: _____
Trip Total: $ _____._____ Initial Deposit Amount: $ _____._____

It is strongly recommended to purchase travel insurance. If you choose not to purchase travel or cancellation insurance, you understand you are liable for any cancellation penalties and out-of-pocket expenses incurred. You will also make you own provisions in the event of an emergency while traveling. **I understand the Trip Travel Insurance premium is non-refundable.**

_____ I hereby **accept** travel insurance coverage. I understand the trip cancellations and interruption details, terms and conditions that were provided or discussed with me.

_____ I hereby **decline** travel insurance coverage. I understand the trip cancellation and interruption details, terms and conditions that were provided or discussed with me. I acknowledge that all information above is correct.

By signing below, I am giving authorization to charge my card for all charges listed above. **I have been informed of the cancellation policies for our travel services and have been made aware of the benefits of travel protection.**

Customer Signature: _____ Date: _____