



CARDHOLDER BILLING INFORMATION

NAME EXACTLY AS ON CARD :
Cardholder must be one of the passengers traveling

CREDIT CARD NUMBER :

CARD EXPIRATION & CCV : Exp: CCV:

STATEMENT BILLING ADDRESS :

BILLING PHONE # :

RESERVATION DETAILS

TRAVEL AGENCY :

BOOKING# or GROUP NAME :

HOTEL or SHIP NAME :

DEPARTURE DATE :

RETURN DATE :

TRAVEL INSURANCE :

I understand that change and cancellation fees may apply

NAMES OF ALL TRAVELERS
for whom this payment is made

PAYMENT

DEPOSIT (TO BE CHARGED NOW)

PURCHASE TRIP INSURANCE
(pay with initial trip deposit for full coverage eligibility)

BALANCE

AUTOMATICALLY CHARGE BALANCE ON FINAL PAYMENT DUE DATE

ITINERARY ACCEPTED. By signing below, I acknowledge that I have read and understood the change, cancellation, and other important information that apply to my confirmed reservation. I authorize Claire Skies Travel & the tour operator or cruise line named on my Confirmation Invoice/Itinerary to charge my credit card on behalf of the associated suppliers for the charges detailed. If Airline reservations are included in my travel, I understand that total billing may be split between the airline(s) and the tour operator or cruise line merchant. I agree to make payment for the above charges when billed by my credit card issuing company.

CARDHOLDER SIGNATURE

DATE