



**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