

Customer: _____ Date: _____

Independent Travel Advisor: Easy Breezy Getaways PIN: P509613Advisor Tel: 1-980-934-1485 Fax: _____ Email: easybreezygetaways24@gmail.com**TRAVEL PURCHASE AUTHORIZATION For Non-Website Purchases. Thank you for your purchase.**

IntelTravel.com is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. This form is NOT required for electronic purchases you complete yourself on our website, www.IntelTravel.com, or its affiliates. Charges are payable ONLY to IntelTravel.com or the hotel, resort, tour operator, cruise line or other travel supplier. Independent Travel Advisors may not accept and process charges through any other account, or accept checks, cash or other forms of payment.

TRAVEL INSURANCE WAIVER

For your protection, Travel Insurance is strongly recommended and available upon request from IntelTravel.com. You can enroll online for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or your IntelTravel.com Independent Travel Advisor can arrange coverage for you. For an online insurance quote and purchase, go to www.IntelTravel.com and click on *Insure It*.

To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

I, _____, authorize IntelTravel.com and or this travel supplier:

_____, to charge my:

(check one) AMERICAN EXPRESS MASTERCARD VISA DISCOVER

Credit Card Number : _____ Expiration Date: _____

Billing Address: _____ CVV: _____

_____ For the amount of \$ _____ (USD)

For the following travel arrangements:

Itinerary : _____

Dates of Travel: _____ Booking Number: _____

Passenger Names: _____

PLEASE SIGN ON THE LINE WHICH APPLIES

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

Customer Signature: _____ Date _____

OR

I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Customer Signature: _____ Date _____

IMPORTANT: Please attach a legible copy of the front and back of your credit card.

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