

GOT-TO-GO TRAVEL
443-371-3030
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Credit Card Authorization Form

Please let this document serve as my authorization for Got-To-Go Travel to charge the deposits and final payments for the following bookings #'s _____ with _____

The above reservations include: ___Cruise ___Hotel ___Air___ Rail ___Insurance ___Special Equipment ___Tours ___Car Rent

VISA MasterCard American Express Discover

Credit Card #: _____

Name on Card: _____

Exp. Date: _____ CVV#: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholders Signature _____ Date _____

(If more than one card used, fill out a form for each card)

I have received and reviewed the Supplier Terms & Condition and Ticket Contract for the above trip. I am aware of any cancellation policies and agree not to dispute or attempt to charge back any of the above signed for and acknowledged charges. Got-To-Go Travel reserves the right to impose a cancellation fee above and beyond supplier fees in the amount of \$50 per traveler. Got-To-Go Travel acts only as agent for the client in acquiring transportation, hotel accommodations, sightseeing and other privileges, or services for the clients' benefit, and on the express condition that Got-To-Go Travel shall not be responsible for any loss, accident, injury, delay, defect, omission or irregularity which may occur or be occasioned, whether by reason of any act, negligence or default of any company or person engaged in or responsible for carrying out any of the arrangements, or otherwise in connection therewith.

Cardholder Initial: _____

Insurance Acceptance Form

I have been informed as to how Travel Insurance will protect my travel investment. I have been given a quote on the cost of Travel Insurance for this trip. If I have any questions I can contact Got-To-Go Travel to be directed to the Insurance Company involved. I have been informed that there is a time limit from the date of the first trip deposit for purchasing Travel Insurance that covers pre-existing medical conditions.

Signature _____ Date: _____

(This form must be signed by all adult travelers)

Signature _____ Date: _____

(This form must be signed by all adult travelers)

Please initial choice below:

I have decided to Purchase Insurance: _____ . I have decided to decline Insurance: _____.