

REQUIRED SIGNATURES

This form includes Credit Card Authorization, acknowledgement of fee structure, and Travel Insurance acceptance/waiver.



GLOBAL ESCAPES TRAVEL CAN NOT PROVIDE TRAVEL CONSULTATION OR MAKE ANY TRAVEL PLANS OR BOOKINGS WITHOUT A SIGNED CREDIT CARD AUTHORIZATION FORM.

Name of Traveler(s): _____

Cardholder Name: _____

phone: _____ e-mail: _____

Billing Address: _____

Credit Card Type: Visa MC AMEX Other: _____

Card #: _____

Exp: _____ SEC Code: _____

Amount to Charge: \$ _____ (USD)

I hereby authorize Global Escapes, Inc. to charge the credit card listed above for the agreed-upon expenses pertaining to our travel reservation(s).

Cardholder, please sign, date, and print name:

Cardholder Signature: _____

Date: _____

Name: _____

Travel Insurance is highly recommended to protect you and your investment.

I have reviewed and accept the Global Escapes fee structure:

Signature: _____

Date: _____

I have reviewed Travel Insurance for my travel purchase, and I ...

Accept Decline

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO YOUR CONSULTANT, EITHER BY E-MAIL, FAX, OR MAIL:

GLOBAL ESCAPES TRAVEL | 697 S. MILLEDGE AVE. ATHENS, GA 30605 | FAX: 706.543.7168