



### CREDIT CARD AUTHORIZATION FORM

The purpose of this credit card authorization form is to protect you, our valued clients, as well as Dream Always Travel LLC from credit card fraud. All information on this form will be kept strictly confidential. Please complete and sign this form and return to Dream Always Travel LLC. This form must be completed and returned before any credit card payments for travel on your behalf will be made.

I \_\_\_\_\_ authorize the use of the following credit card to pay for travel on my behalf.

Name (as it appears on your card): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # Associated with Credit Card \_\_\_\_\_

I authorize the following travel expenditures be charged to the above credit card; check all this card may be used for:

Deposit \_\_\_\_\_ Final Payment \_\_\_\_\_ Travel Insurance \_\_\_\_\_ Ticketing Fees \_\_\_\_\_

Credit Card Type (circle one): Visa/Mastercard/Discover/AMEX Initial Payment Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that Dream Always Travel LLC is acting as a mere agent for suppliers (such as air and ground transportation, hotel accommodations, meals, tours, cruises, etc.). Dream Always Travel LLC, therefore, shall not be responsible for breach of contract of any intentional or careless actions or omissions on part of such suppliers, which result in any loss, damage, delay, or injury to you or your travel companions or group members. Traveler assumes complete and full responsibility for, and hereby releases Dream Always Travel LLC from any duty of, checking and verifying all passport, visa, vaccination, or other entry requirements of each destination, and all safety or security conditions at such destinations, during the length of the proposed travel. For information concerning possible dangers at international destinations, contact the Travel Advisory Section of the U.S. State Department (202) 647-5225. For medical information, call the Public Health Service (404) 332-4559. By embarking upon his/her travel, the traveler voluntarily assumes all risks involved in such travel, whether expected or unexpected. Traveler is hereby warned of such risks and is advised to obtain appropriate insurance coverage against them. Traveler's retention of tickets, reservations, or bookings after issuance shall constitute a consent to the above, and an agreement on his/her part to convey the contents hereto to his/her travel companions or group members

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*\*Note that all quoted prices and availability are subject to change until booking is confirmed.*