

# CREDIT CARD AUTHORIZATION FORM



## Independent Contractor Information

Business Name: Diva Dee Destinations  
Business Address: \_\_\_\_\_ City: Fairburn  
State: Georgia ZIP: 30213  
Business Phone Number: 310-437-9247 Email: DivaDeeDestinations@gmail.com

I \_\_\_\_\_ hereby authorize Dee Daniel to  
Independent Contractor  
process the credit card information provided for the reservation details listed below:

GUEST NAME: \_\_\_\_\_ TRIP TYPE: (CRUISE/PACKAGE/OTHER) \_\_\_\_\_

SUPPLIER NAME: Diva Dee Destinations CONFIRMATION#: WillReceiveAfterBooked

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_

LAST FOUR DIGITS OF CREDIT CARD: \_\_\_\_\_

**\*\* To protect your confidential information, do not provide full credit card number written on this form. You will be contacted by your Travel Agent to provide your full credit card number and CVV number. A copy (picture) of the driver's license and copy (picture) of the front of the credit card is needed along with this form \*\***

TOTAL TO CHARGE TO MY CREDIT CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TRAVEL PROTECTION WAS OFFERED: YES  NO

TRAVEL PROTECTION WAS ACCEPTED: YES  NO

The risks for declining coverage have been explained by my Travel Advisor. I understand that declining travel insurance, I may not be covered for any changes or cancellations of my trip. I am solely responsible & liable for any cancellation penalties and out of pocket expenses incurred.

CREDIT CARD HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_