



## Weddings & Get-Togethers Credit Card Authorization Form

Fax: 610-359-6641

7 Campus Blvd., Newtown Square, PA 19073

### Booking Information

Quote # Sched (if applicable)

Resort: Grand Bahia Principe Coba

Booking # N/A (if applicable)

Group Name: 1T9 Pharmacy Grad Trip

Passenger Names as they appear on passports:

_____	Insurance?	<input type="checkbox"/> Voucher	<input type="checkbox"/> Cash Back	<input type="checkbox"/> Decline
_____	Insurance?	<input type="checkbox"/> Voucher	<input type="checkbox"/> Cash Back	<input type="checkbox"/> Decline
_____	Insurance?	<input type="checkbox"/> Voucher	<input type="checkbox"/> Cash Back	<input type="checkbox"/> Decline
_____	Insurance?	<input type="checkbox"/> Voucher	<input type="checkbox"/> Cash Back	<input type="checkbox"/> Decline

### Credit Card Information

I, (CLEARLY PRINT full cardholder name) \_\_\_\_\_, hereby authorize Cheap Caribbean to charge my credit card:

Card Number \_\_\_\_\_ Sec Code \_\_\_\_\_ Exp Date \_\_\_\_\_

for the amount of \$ \_\_\_\_\_ (USD), for the booking information above.

Card Holder Billing Address and Contact Information:

(Street Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(Telephone) \_\_\_\_\_ (Email Address) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read and agree to the [Fair Trade Contract](#), including the Total Vacation Security Plan. In addition, I have reviewed the cancellation penalties, and the terms and conditions outlined in the group contract.*

### Insurance Information

#### Travel Voucher Program:

Land-Only:

Air Only/Packages:

Children 12 & Under (all programs)

Cash Back (in original form of payment)

#### 4 Nights or Less

\$39.99 per person

\$74.99 per person

\$19.99 per person

+\$30pp to all rates above

#### 5 Nights or More

\$69.99 per person

\$104.99 per person

\$39.99 per person

I understand that by opting out of insurance coverage that I am taking full liability for my trip and those listed coverages including all non-refundable trip costs as well as any medical situations that may arise which are unlikely to be covered by U.S. health care providers

Pre-existing conditions apply only if Total Vacation Security is purchased no later than 7 days after initial group booking is created and deposit is received.

<http://www.tripmate.com/wpA480C>

*Please allow 1-3 business days for processing  
Thank you for choosing Cheap Caribbean!*