



CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS: Please complete all information requested below and fax back to **1-888-268-9753**, or mail back to the address below along with a copy of the front and back of your credit card and driver's license.

I (use name as it appears on your credit card), _____ hereby authorize South American Vacations to charge my (Visa, M/C, AMEX, or Discover) _____ card with an account number of _____, expiration date of (use MM/YY format) ___/___, and "V Code" of _____ in the amount of \$_____ (U.S. Dollars), pertaining to the travel arrangements below (___ including/___ not including travel insurance). I understand that you will verify this information with the credit card company, and I declare that this information is correct.

Tour Name: _____
Departure Date: _____
Traveler Name(s): _____

Billing Address: _____
Phone Number: _____
Travel Arrangement Amount: \$_____ **Travel Insurance Amount:** \$_____ **Total:** _____

I understand that these travel arrangements are subject to non-refundable cancellation penalties and acknowledge that I have read and understand South American Vacations Terms and Conditions.

Authorized Signature: _____ **Date:** _____

Travel Insurance

Smart travelers recognize the importance of protecting their trip investment. We have partnered with Access America Travel Insurance & Assistance to provide you with several coverage options including reimbursements for:

- Trip Cancellation, Trip Interruption, and Baggage Loss/Damage, Baggage Delay, Travel Delay, and Missed Connection.
- Emergency Medical/Dental, Emergency Medical Transportation, and Travel Accident.
- Flight Insurance, which covers Loss of Life, Limb, or Eyesight.
- Car Rental Collision, Loss, and Damage.
- 24-Hour Hotline providing a broad range of services in the event of a Travel or Medical Emergency.

Please review these coverage options before deciding whether to accept or decline. If you decline Travel Insurance, please place an "x" in the box and sign and date below:

I acknowledge that I have been offered travel insurance but am declining.

Authorized Signature: _____ **Date:** _____

Revised 06/01/2008.