



### CREDIT CARD AUTHORIZATION FORM

**INSTRUCTIONS:** Please complete all information requested below and fax back to **954-247-8963, or mail back to the address below.** Non-U.S. citizens will also need to include a copy of the front and back of the 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 the deposit for travel arrangements is non-refundable 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 Allianz Travel Insurance 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 4/12/2022.