



www.UnikkeTravel.com

Custom Travel Experts 專業旅遊設計規劃 CST # 2116316-40

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CREDIT CARD/ DEBIT CARD CHARGE AUTHORIZATION FORM

Cruise Tour Hotel Air Ticket Other _____

Departure Date: _____ Booking Number: _____

I, _____ (name as it appears on the credit card/debit card), authorize UNIKKE TRAVEL LLC to charge my _____ (American Express, Discover, Mastercard, Visa, etc), with the number _____, expiration date of (MM/YY): _____, and security code _____ (last 3 digits on the back of Discover, Mastercard, Visa or the 4 digits on the front top right of American Express) for travel related services, in place of my credit card/ debit card imprint.

Print Card Holder Name: _____ Telephone Number: _____

Billing Address: _____

Name of persons who are traveling for whom I am responsible for payment on my credit card authorized amount:

- 1. _____ 2. _____
- 3. _____ 4. _____

For your own protection, please attach a copy of the front and back of your credit card and a picture identification card.

If any charge back or dispute arises from my charge, I shall be fully and solely responsible for the payment and will hold UNIKKE TRAVEL LLC harmless from any amount that is charged back or disputed. All charge backs or disputed amounts must be paid back to UNIKKE TRAVEL LLC timely. This form serves as a waiver and release of claims against UNIKKE TRAVEL LLC from any liability and indemnification.

I have read and agreed to the cancellation/change penalties that may apply to changes or cancellations of my travel.

I hereby authorize UNIKKE TRAVEL LLC to charge the cost of my travel to my credit card/ debit card, in the amount of \$ _____.

By signing this form, I give UNIKKE TRAVEL LLC permission to charge my credit card/ debit card account for the amount agreed upon on or after the indicated date.

Signature of Cardholder (as it appears on credit card)

Date

For your protection, UNIKKE TRAVEL LLC highly recommends the purchase of travel insurance.