

Four Seasons Travel

HOME TOWN ATTENTION TO WORLD WIDE TRAVEL

Credit Card Authorization/Disclosure Form

I, _____, do hereby authorize Four Seasons Travel to charge my Credit Card Number _____, with Expiration Date _____, and Security Code # _____ in the amount of \$ _____.

____ Yes, I choose to purchase travel protection.

____ No, I decline to purchase travel protection.

My Credit Card Billing Address and Phone Number are as follows:

Phone: _____

My Booking Information is as follows:

Booking/Reservations#: _____

Destination: _____

Date of Travel: _____

Passenger Name (s): _____

Signature

Date

Contact us at 507-263-4751 with any questions.

Fax completed form to Four Seasons Travel at 507-263-4752.