

Credit Card Authorization/Disclosure Form



I, _\${Name}_, do hereby authorize The Creole Poet to charge my



VI MC DISC AMX (indicate card type) _\${Card_Type}_

Credit card number _\${Card_Number}_,

Credit Card Exp Date _\${Exp_Date}_ Security code _\${Security_Code}_ (call in if you prefer)

Amount \$ _\${Amount}_ Process on _\${Process_Date}_ Payment will be processed as close to your requested date as possible.

I have read and agree with the terms and conditions including cancellation penalty (see travel documentation and notes below) _\${Initial}_ (initial)

Name on card: _\${Name_on_Card}_

My Credit Card Billing (address the credit card company sends the bill to you)

Address: _\${Address}_ City/State: _\${CityState}_ Zip _\${Zip_Code}_

Phone Number: _\${Phone_Number}_ Email Address: _\${Email_Address}_

Payment Type: This Payment is for - Enter all options below that apply in the notes section below:

Cruise/Vacation Deposit **without** Vacation Protection Non Refundable

Cruise/Vacation Deposit **with** Vacation Protection Non Refundable

Interim Payment for pending Cruise/Vacation

Final Payment for Cruise/Vacation

Other – detail below in the Payment Notes section

Payment Notes: Enter the payment type from above that applies to this payment and any special notes here

\$(Payment_Notes) _____

Payment Plan: complete if applicable

___\$(Enter_an_X_here_if_applicable)___ Begin a Cruise/Vacation Agency payment plan **after deposit**. Indicate amount to process _\$(Enter_amount)_ and payment start month/date __\$(Start_MonthDate)___ Bookings made 40-60 days prior to travel date **ARE NOT** eligible for a payment plan.

___\$(Enter_an_X_here_if_applicable)___ **Carnival Cruise Individual Bookings ONLY - Easy Pay Payment Plan** - Hassle-Free Payment Option - allows you to split your cruise purchase into multiple, automatic monthly installments! You simply pay your initial deposit and then the balance is automatically deducted from the credit card on file and applied to your current balance in 3 payments. Once the deposit is paid, the 1st, 2nd and 3rd installments are automatically charged every 30 days. **Final payment date MUST be more than 90 days to be eligible for this payment plan option. Group Bookings are not eligible for this payment option.** Use the Cruise/Vacation Agency Payment Plan Option listed above.

Final Payment Instructions: Select One

Process final payment to the same card as used for the deposit on the final payment due date _\$(Enter_an_X_here_if_applicable)_

I will provide another authorization/disclosure form to use a different credit card for the final payment

\$(Enter_an_X_here_if_applicable)

Vacation Protection Non Refundable (everyone on the booking must purchase to have it) : Select One

Declined _\$(Enter_an_X_here_if_applicable)_

Purchase with deposit (Vacations must purchase with deposit) _\$(Enter_an_X_here_if_applicable)_

Cruise ONLY (purchase with/after deposit but prior to or with final payment _\$(Enter_an_X_here_if_applicable)_

Travel Supplier ___\$(Travel_Supplier)___ (Carnival, United Vacations, Funjet, etc)

Booking/Reservation Number (If your booking has not yet been created, enter TBA):

___\$(Booking_Reservation_Number)___

Destination: ___\$(Destination)___ Date of Travel: ___\$(Date_of_Travel)___

Traveling with a group enter name of group _\$(Group_Name)_

Full Name as listed on travel document: Passport (if required), driver's license and birth certificate if applicable (married ladies last as on Driver's License/Passport) First/Middle/Last name for Vacations and for Cruises enter

First/Last name only: __\${FirstMiddleLast_Name}

Date of birth incl year: \${Date_of_Birth_incl_year}

NOTES: If initial sign up for a Vacation please provide First/Middle/Last name and for Cruises First/Last name only as listed on travel document and date of birth including the year for each person listed on the booking

\${FirstMiddleLast_Name_and_Date_of_Birth_incl_year}

[1 Party Name]

Signature

\${sign_image_1}

Name

\${sign_name_1}

Date

\${sign_date_1}

By submitting this form, I do hereby authorize The Creole Poet to charge the above card in the amount indicated. The Creole Poet assumes no responsibility for changes made to a reservation if the payment fails to process. I am also acknowledging that I am the cardholder held under penalty of law and that I have read and agree with the terms and conditions including cancellation penalty.

NOTE: Debit Cards: Please check with your bank to ensure that your daily limit will allow the amount to be charged to go through. Sometimes the bank will put a hold on the amount charged that will drop off in a few days. Once completed and signed, I will automatically receive an email notice that the form has been signed and I will process your payment and email a confirmation to you. Thanks!

PLEASE NOTE: Once you complete and sign this form, you will receive a Confirm Signature pop up box (please allow pop ups) Check the box and click on the Confirm Button to send the completed document with signature. You will then receive a pop up sent confirmation message and I will receive an email notice that the form has been signed. I will process your payment and email a payment confirmation to you. Thanks! This form may not allow input with all browsers. It does work with Google Chrome. Please

allow pop ups.

If you are unable to send this form online, please print the blank form, complete, and sign. Take a cell phone photo and text to 713-560-3284 or email to deniselabrie@sbcglobal.net over a secure encrypted connection or fax to 281-436-0406 (Direct Fax)

The Creole Poet is an IATAN accredited travel agency. Denise Prejean is an IATAN accredited travel agent. US Mail Address 4676 Highway 182 Opelousas. Louisiana 70570. Ofc 281.436.0405 Cell 713.560.3284. Email thecreolepoet@gmail.com Website www.thecreolepoet.com
