



TRIPSAHOY CRUISES & TOURS

I hereby authorize TripsAhoy Cruises & Tours, and the travel provider for my travel package/cruise, to charge my credit card account number listed below for deposits, final, payments, trip insurance (optional), and any other expenses due to facilitate and pay for my reservation for the January 23, 2011, sailing on the Carnival Splendor. I understand and agree that I may be charged Cancellation Penalties should all or part of these travel arrangements be cancelled by myself or travel companion.

Please Print:

Name as it appears on the credit card: _____

Billing Address of card: _____

ZIPCODE (Required): _____

PHONE NUMBER OF CARD HOLDER: _____ Cell # _____

Email Address: _____

If this card is to be used to pay the above charges for anyone other than you, please list names:

TYPE OF CARD (please circle) Visa MasterCard American Express Discover

CREDIT CARD NUMBER: _____

EXP DATE: _____ CCV (Security Code): _____

AMOUNT TO BE CHARGED: _____

TOTAL RESERVATION AMOUNT: _____

SIGNATURE OF CREDIT CARD HOLDER

DATE

PLEASE FAX BACK TO Susan White at 810-732-9437

EMAILContact tina@tripsahoy.com OR sue@tripsahoy.com