



CREDIT CARD CHARGE AUTHORIZATION FORM

38350 Fremont Blvd, Suite# 202B, Fremont, CA 94536

Tel: 510-795-6688, Fax: 888-747-7606

Email: info@innovationholidays.com Web site: www.innovationholidays.com

Date of Signature: _____ Booking #: _____

I, AS THE TRAVELER, authorize Innovation Holidays, a tour operator acting on behalf or through instructions given to my travel agent, to apply charges to the following credit card, for travel and travel related services, for me (the undersigned) and for the following named persons mentioned below traveling on the same departure date and the same tour as me. If any charge back or dispute arises from my charge, I will be fully responsible for the payment and will hold Innovation Holidays harmless from any amount that is charged back or disputed. All charge backs or disputed amounts must be paid back to Innovation Holidays promptly. This letter will also waive and indemnify Innovation Holidays from any harm or occurrence from the above referenced charge back. I understand and accept that airline tickets may or may not be issued against my credit card; this is solely at the discretion of Innovation Holidays.

IMPORTANT NOTE: Innovation Holidays can only accept credit card payments for the passenger who is traveling and their immediate family members (with the same last name ONLY).

MASTER CARD#: _____ EXP DATE: _____

VISA #: _____ EXP DATE: _____

**** NO AMEX or DISCOVER CARD**

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

NAME OF PERSONS WHO ARE TRAVELING FOR WHOM I AM RESPONSIBLE FOR PAYMENT ON MY CREDIT CARD AUTHORIZED AMOUNT:

1. _____ 2. _____

Print Cardholder

Name: _____

Address of Card holder: _____

City: _____ State: _____ Zip Code: _____ Telephone#: _____

Departure Date: _____ Return Date: _____ Tour Code: _____

My signature below signifies that I have read and agree to Innovation Holidays' general information and conditions (find it at: www.innovationholidays.com or a fax copy as requires).

Amount \$ _____

Signature X _____

Signature of Cardholder (as it appears on credit card) Authorized Amount