

Customer: _____ Date: _____

Independent Travel Agent: **Emma Agnew**PIN: **P161089**Agent Tel: **870.931.8248** Fax: **870.935.4705** Email: **eagnew@travelworksusa.com****TRAVEL PURCHASE AUTHORIZATION For Non-Website Purchases**

Thank you for your purchase. IntelTravel.com is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. This form is NOT required for electronic purchases you complete yourself on our website, www.IntelTravel.com, or its affiliates. Charges are payable ONLY to IntelTravel.com or the hotel, resort, tour operator, cruise line or other travel supplier. Independent Travel Agents may not accept and process charges through any other account, or accept checks, cash or other forms of payment.

TRAVEL INSURANCE WAIVER

For your protection, Travel Insurance is strongly recommended and available upon request from IntelTravel.com. You can enroll online for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or your IntelTravel.com Independent Travel Agent can arrange coverage for you. **For an online insurance quote and purchase, go to www.IntelTravel.com and click on *Insure It*.**

To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

I, _____, authorize IntelTravel.com and or this travel supplier:

_____, to charge my:

(check one) AMERICAN EXPRESS MASTERCARD VISA DISCOVER

Credit Card Number : _____ Expiration Date: _____

Billing Address (Include Zip Code): _____ For the amount \$ _____ (USD)

For the following travel arrangements:

Itinerary : **Western Caribbean – Cozumel Plus (Embarkation: New Orleans, Louisiana)**Dates of Travel: **9/5/2019 – 9/9/2019 Booking Number: 4JZH37**

Passenger Names and DOB: _____

PLEASE SIGN ON THE LINE WHICH APPLIES

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

Customer Signature: _____ Date _____

OR

I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and

that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Customer Signature: _____ Date _____

IMPORTANT: Please attach a legible copy of the front and back of your credit card.

All rates subject to restrictions, availability and change. See www.InteleTravel.com for complete terms and conditions. InteleTravel.com is registered with the States of Florida (ST32452) , Washington (602-735-106) and California (2091941-40) as a seller of travel.
© InteleTravel.com 2008 110108

This form MUST be filled in its entirety. Please do not leave ANY line or signature 'Blank'.