



**LETS ESCAPE!
VACATIONS**

JORDANA & JASON GERBER

CONCIERGE VACATION PLANNERS

AN INDEPENDENT AFFILIATE OF MY VACATION LADY

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CREDIT CARD AUTHORIZATION

I, _____, hereby authorize

_____ (Travel supplier)

to charge my: American Express _____ MasterCard _____ Visa _____ Discover _____

_____ Credit card # _____ exp. date _____ security code _____

_____ Billing Address – Street Address, City, State, Zip Code _____

_____ Billing Phone Number _____

For the amount of: _____ This charge is for the deposit _____ Final payment _____

On Booking ID: _____

PLEASE LIST ALL PASSENGERS TRAVELING

Date of travel _____ Destination _____

- ✓ I agree that all of the names, dates of birth and travel components outlined in the itinerary are correct and I understand all of the cancellation penalties and change fees, if changes need to be made. **I agree to all terms and conditions outlined by the tour operator and Let's Escape Vacations.**

I WANT TO PURCHASE THE TRAVEL INSURANCE OFFERED TO US ON THE VACATION ITINERARY/PROPOSAL. Please use the same card for the purchase of the insurance

_____ YES _____ NO _____ ALREADY INCLUDED WITH PACKAGE

_____ Original Signature (cannot accept computer generated) _____ Date _____

Please send a copy (front and back of your credit card) AND a photo of proof of ID – (passport or driver's license in the name on the credit card) back with this authorization to jjgerber@lets escapevacations.com

Please note: Travel documents cannot be released without a credit card authorization.

Credit card fraud is a crime.