

TRAVELINK

225 MAIN STREET
ISLIP, NY 11751
PHONE: 631-277-6500
FAX: 631-277-6700
EMAIL: judy@travelink2000.com

CREDIT AUTHORIZATION

FOR YOUR PROTECTION, PLEASE COMPLETE THIS FORM AND RETURN IT TO TRAVELINK VIA
FAX (631-277-6700)

Passenger Name(s): _____

Departure Date: _____ Type of Travel: _____

Agents Name: _____

Complete the Billing Address of your credit card below...

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____
DAY EVENING

(Circle Type of Credit Card)

VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER

CARD NUMBER: _____ EXP. DATE: _____

I hereby authorize a charge for \$_____ for travel arrangements handled by Travelink. I agree to pay the stated amount, when billed, in full or in extended payments in accordance with standard policy of issuing credit card company.

SIGNATURE OF CARD HOLDER: _____ DATE: _____

TRAVEL INSURANCE WAIVER

Travelink strongly recommends you purchase travel insurance. If you choose to decline the offer, you are assuming any financial loss associated with your travel arrangements.

YES, I choose to purchase travel insurance.

NO, I decline to purchase travel insurance.