

Geography Destination Travel

Credit Card Authorization

This form must be completed and signed in order for Geography Destination Travel to make reservations and issue tickets:

CARDHOLDER INFORMATION

CARDHOLDER NAME *(as it appears on card)*

COMPANY NAME

BILLING ADDRESS *(Address Credit Card Company sends monthly billing statement to. This is required for credit card billing compliance.)*

CITY

STATE

ZIP

EMAIL ADDRESS

DELIVERY ADDRESS *(If Different)*

CITY

STATE

ZIP

PLEASE CIRCLE ONE ADDRESS (OR EMAIL) ABOVE TO WHICH YOU WOULD LIKE GEOGRAPHY DESTINATION TRAVEL TO MAIL YOUR INVOICES & STATEMENTS.

AMERICAN EXPRESS

MASTERCARD

CARD NUMBER

DISCOVER

VISA

EXPIRATION DATE

CVV-SECURITY CODE

BUSINESS INFORMATION (If Applicable)

TYPE OF BUSINESS

FEDERAL I.D. NUMBER

TELEPHONE NUMBER

FAX NUMBER

CELL NUMBER

AUTHORIZATION

I am a client of Geography Destination Travel. I hereby appoint the owner, manager, and all employees of Geography Destination Travel to be my attorneys-in-fact for the purpose of signing and processing all documents necessary for the reservation, issuance, and purchase of airline tickets, cruise tickets, rental car tickets, hotel tickets and for the payment of Geography Destination Travel Transaction Fees, and other travel documents, and to charge these purchases and services to my credit card account listed above.

I authorize any of these attorneys-in-fact to sign and process credit card authorizations for the purchase of airline tickets, cruise tickets, rental car tickets, hotel tickets and the payment of Geography Destination Travel Transaction Fees whenever any one of them receives a telephone call, reasonably believed to be from me, or someone acting on my behalf, requesting that these services be charged to the above identified credit card account. I understand that Geography Destination Travel Transaction Fees are an integral part of the reservation process and cannot be selectively declined.

I agree that I will pay for all such purchases and will not hold Geography Destination Travel responsible for any of its actions pursuant to this power of attorney. This Limited Power of Attorney will remain in full force and effect until terminated by me in writing, such termination to be effective only with respect to service requests occurring after the time that the written termination is delivered to Geography Destination Travel.

CARDHOLDER SIGNATURE

PLEASE PRINT YOUR NAME

DATE

Please return this form via fax, email, or mail to the address below. Please include a scanned, clear copy of your credit card, front and back, along with a copy of your photo I.D. via fax or email:

**10024 110th ST., Seminole, FL 33772
FAX 727-392-1410
travel@GeoDest.com**

Credit Card Authorization

This form must be completed and signed in order for Geography Destination Travel to make reservations and issue tickets:

AGENT INFORMATION

AGENT NAME

AGENT ID

DATE

CARDHOLDER INFORMATION

I, _____, have authorized
Geography

Destination Travel to charge the amount of \$ _____ to my: ☐ *Visa* ☐ *MasterCard* ☐ *Discover*

☐ *American Express* for the following services: _____

I/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any of the signed for and
acknowledged charges. (Cardholder initials) _____

AUTHORIZED TRANSACTIONS

Special Notes: _____

Total Cost / Charges: _____

Initial Deposit: _____

Date: _____

Add'l Amt Pd: _____

Date: _____

Add'l Amt Pd: _____

Date: _____

Add'l Amt Pd: _____

Date: _____

Final Payment: _____

Date: _____

Comments: _____

Return this form to
Geography Destination Travel
travel@geodest.com
Fax: 727-392-1410