

Biscayne Travel Credit Card Authorization Form

(All fields of this form must be completed before charges can be issued)

Cardholder's name:		
Cardholder's billing address:(Only US billing address accepted)		
Street		
City:	_ State:	Zip Code:
Telephone number:	e-mail:	
Credit card type & number:		
Exp. Date: CCV:		

• Please fax copies of both sides of the credit card and driver license along with this form. If we do not receive this information, we will not be able to obtain the approval code; therefore, payment will not be applied, and booking will be canceled.

By signing below, I ______ authorize Biscayne Travel to charge my credit card in the amount of:

USD\$ _____ for the following service(s) _____

Cardholder's Signature

- * Prices are not guarantee until services have been paid in full and are subject to change at any time until then.
- * Biscayne Travel is not responsible in the event of an airline's default, cessation of services, or schedule change.
- * Biscayne travel can assist in making your date changes for a \$ 75 fee, in addition to the airline's penalties.
- * Once tickets have been issued, routing changes are not permitted.
- * Tickets are 100% non-refundable and insurance is strongly recommended.
- * The traveler is responsible for obtaining information regarding visas for the countries that they will be visiting.
- * Passengers are responsible for checking the validity of their passports (most countries require 6 month validity)
- * Passengers are responsible for obtaining information of required or recommended vaccinations for their destination.

Please initial here that you have read and understand this information and agree to our policies listed above. X_____

Biscayne Travel, LLC is registered with the State of Florida as a Seller of Travel. Registration No. ST38034