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CREDIT CARD AUTHORIZATION FORM

If paying by credit card, please complete this form to authorize charges be placed on your credit card. We can only charge your credit card for the amount noted if all other information is complete.

Tour/Cruise/ Transfer/Optional	Departure Date	# of passengers	Price p.p.		Tour/Cruise/ Transfer/Optional	Departure Date	# of passengers	Price p.p.

Cardholder Name <small>(as it appears on credit card)</small>	
Cardholder Street Address <small>(as it appears on statement)</small>	
Cardholder City, State, Zip	
Cardholder Phone Numbers	
Credit Card Type <small>(please circle)</small>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number	
CVV2 # (3 digits on back)	
Credit Card Expiration Date	
Amount to be Charged	

By signing below I authorize Good Times Travel, Inc. to charge my card for the above amount and agree to pay under the terms of the agreement governing the use of my credit card. I acknowledge that the above information is accurate. I understand and accept the Good Times Travel cancellation policy, terms and conditions which does not guarantee credit/refund should I have to cancel and that cancellation charges apply. I understand that Travel Protection is highly recommended.

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