



Vagabond Ventures, LLC

Adventure & Dive Travel

CREDIT CARD AUTHORIZATION FORM

Travel Type: Air Tour Group Trip Trip Insurance Deposit

Invoice# _____ or Booking/Confirmation# _____

I, _____, authorize Vagabond Ventures, LLC to charge my:

VISA MASTERCARD DISCOVER

Credit card number: _____ Exp. Date: _____

Security Code: _____

In the amount of \$_____ for the following passengers (check proper spelling with passport):

1: _____

2: _____

3: _____

4: _____

for travel on (date of travel): _____

Name of card holder (print)

Credit card holder signature

Billing address: _____

Billing Telephone number: _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

By signing above, I acknowledge and accept this charge to my credit card. I also acknowledge that Vagabond Ventures, LLC acts only as a booking agent, other participating organizations act solely as other agents in arranging transportation, hotel accommodations and other services. We do not assume, and in fact, we expressly disclaim any liability for injury, damage, loss, accident, or delay due to any act, negligence or default of tour guide, or any company or person engaged in transporting the passengers, or rendering any services, or carrying out the arrangements or any tour, or their agents, servants and employees. Any and all disputes or claims concerning this contract must be resolved exclusively between the parties by submitting the dispute or claim in binding arbitration in the State or Oregon.

I wish to purchase travel insurance, please send me information.

I am NOT interested in purchasing Travel Protection insurance and I acknowledge that I have been offered this coverage, but choose to decline.

Signature: _____ Date: _____

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