

Stepping Out Travel Services, LLC

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CREDIT CARD AUTHORIZATION

I, _____, hereby authorize

_____ (travel supplier)

to charge my American Express Mastercard Visa Discover

_____ _____ _____
Credit card # exp date security code

Billing Address – Street Address, City, State, Zip Code

For the amount of _____

This charge is for the deposit _____ Final payment _____

On Booking ID _____

PLEASE LIST ALL PASSENGERS TRAVELING

Date of travel _____ Destination _____

- ✓ I agree that all of the names, dates of birth and travel components outlined in the itinerary are correct and I understand all of the cancellation penalties and change fees, if changes need to be made. **I agree to all terms and conditions outlined by the tour operator and Stepping Out Travels**

I WANT TO PURCHASE THE TRAVEL INSURANCE OFFERED TO US ON THE VACATION ITINERARY/PROPOSAL. Please use the same card for the purchase of the insurance

_____ YES _____ NO _____ ALREADY INCLUDED WITH PACKAGE

Signature

Date

Please send a copy (front and back of your credit card) AND a photo of proof of ID – (passport or driver's license in the name on the credit card) back with this authorization by fax 732-262-1418 or to donna@steppingouttravels.com

**Please note: Travel documents cannot be released without a credit card authorization .
Credit card fraud is a crime.**