

Authorization for Credit Card Charge  
and Waiver Form

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**RETURN THIS COMPLETED and SIGNED FORM TO FAX NO. (858) 672-4505**

**Important: Please include with this form a copy of your Driver's License and a front and back copy of your Credit Card. Without these items, this transaction CANNOT be processed. Thank You.**

**Destination:** \_\_\_\_\_

**1. Passenger Name:** \_\_\_\_\_

**2. Passenger Name:** \_\_\_\_\_

**3. Passenger Name:** \_\_\_\_\_

**4. Passenger Name:** \_\_\_\_\_

**Travel Dates:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **Plus Taxes/Fees = TOTAL AUTHORIZED: \$** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ (Month/Year) **Type of Card:** \_\_\_\_\_

**Name of Cardholder:** \_\_\_\_\_ (Exactly as on Card)

**Signature of Cardholder:** \_\_\_\_\_

**Billing Address of Cardholder:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Toll-Free Number on the Back of Credit Card:** ( ) \_\_\_\_ - \_\_\_\_ (Customer Service)

**Booked By:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

*The agent certifies and the customer acknowledges that the terms and conditions under which the discounted travel arrangements are being offered and purchased have been explained to the customer/passenger(s) (including the strict cancellation policy governing such arrangements, the non-transferable nature of the arrangements and/or other restrictions). The customer authorizes the charge(s) as indicated and waives the charge back option. Furthermore, the customer(s) accepts full responsibility for any charge back disputes and other non-payment issues.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number