



GROUP DEPARTMENT CREDIT CARD AUTHORIZATION FORM

Southwest Vacations Group Department

8415 South Park Circle
Suite #100
Orlando, FL 32819

Group Contact Details

Phone Number: (800) 220-0833
Fax Number: (407) 856-5627
Email: groupsales@southwestvacations.com

GROUP BOOKING AGENT (please check) : ENOC DEBBIE IRIA JIM

GROUP RESERVATION NUMBER	GROUP NAME	TRAVEL AGENCY NAME (if applicable)	DEPARTURE DATE
TRAVELER NAME	CARD HOLDER NAME (if different from TRAVELER NAME)		AMOUNT TO CHARGE
			\$

CARD HOLDER BILLING INFORMATION (please print)			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
() —	() —		
HOME TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER		

CREDIT CARD NUMBER			

15-DIGIT OR 16-DIGIT CREDIT CARD NUMBER (PLEASE WRITE LEGIBLY)			
CREDIT CARD EXPIRATION DATE	CARD TYPE	VISA, MASTERCARD, OR DISCOVER	AMERICAN EXPRESS
/		_____	_____
(EXPIRATION: MM/YYYY)	(VI, MC, DS, AX)	3-DIGIT SECURITY CODE (back of card)	4-DIGIT SECURITY CODE (front of card)

CARD HOLDER NAME
PRINT NAME ABOVE
SIGN NAME ABOVE

By signing this credit card authorization form, I hereby state that I have read and understand all of the Terms and Conditions (policies and procedures) of the product. I have been advised of the travel protection programs available. Upon receipt of this signed document and credit card processing, it is understood that all travel components contracted and discussed are valid and correct at the time of booking. Any modifications to said contract may result in a penalty or fee. Credit card authorization forms must be completed in full and signed for each deposit and final payment.

PLEASE SIGN AND FAX BACK COMPLETED AUTHORIZATION FORM TO: (407) 856-5627

For Internal Use Only:

Authorization #:

TMTC Agent:

Processing Date:

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