



Please Print or Type

Credit Card Authorization Form

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Passenger Name _____ DOB _____

Card holder Name _____ Phone () _____

Billing address _____

Card type _____ Card Number _____

Expiration Date _____ Security Code _____

I authorize Travel Leaders to charge my card in the amount of \$ _____

Names, birth dates and relationship to the primary passenger of any children traveling on this itinerary

Names, birth dates and relationship to the primary passenger of any adults traveling on this itinerary

Emergency Contact: _____

I agree to the aforementioned amount according to the card issuer's agreement

Card holder's signature _____ Date _____

If paper documents are required I would like to overnight them to me at an additional cost

Please complete this form and return it by fax or email along with

*** A copy of the front and back of the credit card**

*** A copy of the card holder's passport**

***** Payments cannot be applied until authorization forms and waivers are fully completed and returned to your agent *****

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