



Reservation Department
Credit Card & Third Party Credit Card Authorization Form
Fax To: 610-359-6561
 7 Campus Blvd., Newtown Square, PA 19073

Booking Information

Booking # _____

Gateway _____

Travel Date _____

Destination _____

Passenger Names:

Insurance? **Y** **N**

Insurance? **Y** **N**

Insurance? **Y** **N**

Insurance? **Y** **N**

Credit Card Information

I, _____
CLEARLY PRINT full cardholder name

hereby authorize Apple Vacations

to charge my credit card:

_____ CLEARLY PRINT card number

_____ Security Code

_____ Exp. Date

for the amount of:

\$ _____

for the booking above.

Cardholder Signature:

I have read and agree with the Fair Trade Contract in the back of Apple Vacations brochure including cancellation penalties and AV-OK Vacation Security Plan items (Information also available on applevacations.com)

Today's Date:

Cardholder Billing Address & Telephone:

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

For Internal Use Only:

Date: _____

Processor: _____

Approval Code: _____

Amount: \$ _____