



**Group Sales Department
Credit Card Authorization
Fax To: 800-355-1265**

101 NW Point Blvd, Elk Grove Village, IL 60007

For Internal Use Only:

Date: _____

Processor: _____

Approval Code: _____

Amount: \$ _____

Booking Information

Quote # _____
if applicable

Destination _____

Booking # _____
if applicable

Travel Date _____

Passenger Names: _____

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

Credit Card Information

I, _____ hereby authorize Apple Vacations
CLEARLY PRINT full cardholder name

to charge my credit card:

_____ CLEARLY PRINT card number Security Code Exp. Date

for the amount of: \$ _____

for the booking above.

Cardholder Signature: _____
SIGNATURE ON FILE NOT ACCEPTABLE

Today's Date: _____

I have read and understand the Group Booking Contract Terms and Conditions*. I understand that trip insurance, if purchased, is with Tour Guard and cancellation is covered due only to proven medical conditions.

Cardholder Billing Address & Telephone:

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Travel Agency Information

Agency Name:

IATA:

Agent Name:

Fax:

Tel:

Email:

*Two pages Group Booking Terms and Conditions attached.

Please allow 24-72 hours for processing.