



**Group Sales Department
Credit Card Authorization
Fax To: 610-359-6641**

7 Campus Blvd., Newtown Square, PA 19073

<i>For Internal Use Only:</i>	
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: _____ <small>SIGNATURE ON FILE NOT ACCEPTABLE</small>	I have read and agree with the Fair Trade Contract in the Apple Vacations brochure including the AV-OK Vacation Security Plan. In addition, I have reviewed the cancellation penalties, and the terms and conditions that are outlined in the group contract
Today's Date: _____	

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.