



465 Smith Street * Farmingdale, New York 11735
Phone: 631-845-8000 Fax: 631-420-4752

I, _____, hereby authorize Travel Impressions,
the wholesaler, to charge my:

AMERICAN EXPRESS MASTER CARD VISA DISCOVER
(circle one)

(Card number and expiration date)

(Billing address and zip code)

On booking number _____ For the amount of \$ _____

Destination: _____ Hotel: _____

Dates of travel: _____ Please list all passengers traveling: _____

I understand that by signing below, I am **DECLINING** "Cancel For Any Reason" insurance. I also
acknowledge that I have read and understand all cancellation charges and change fees and that I
may not be entitled to a full refund should my travel plans change.

Cardholder signature

Date

.....
I have **ACCEPTED** "Cancel For Any Reason" insurance, and I am aware the premium is not
refundable.

Cardholder signature

Date