



2610 Center Point Parkway
Center Point, AL 35215

jordanassocllc.travel@aol.com

Office: (205) 264-1456
Mobile: (205) 445-3404

Customer: _____ Date: _____

Independent Travel Agent Name: _____

TRAVEL PURCHASE AUTHORIZATION For Non-Website Purchases

Thank you for your purchase. Jordan & Associates, LLC, an InteleTravel.com Independent Travel Agency, is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. This form is NOT required for electronic purchases you complete yourself on our website, www.jordanassocllc.com or other websites we're affiliated with. Charges are payable ONLY to InteleTravel.com or the hotel, resort, tour operator, cruise line or other travel supplier/vendor as we are unable to accept and process charges through any other account, or accept checks, cash or other forms of payment in reference to your travel arrangements. Please note that the travel quote research fee of \$25.00, if charged, is not a part nor included in your travel arrangements.

TRAVEL INSURANCE WAIVER

For your protection, Travel Insurance is strongly recommended and available upon request from InteleTravel.com. You can enroll online for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or your InteleTravel.com Independent Travel Agency, Jordan & Associates, LLC, can arrange coverage for you. To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

I, _____, authorize Jordan & Associates, LLC and/or InteleTravel.com, to charge my:

(check one) AMERICAN EXPRESS MASTERCARD VISA DISCOVER

Credit Card Number: _____ Expiry Date: _____ CVV: _____

Billing Address: _____

In the amount of \$ _____ (USD)

For the following travel arrangements:

Itinerary: _____

Dates of Travel: _____ Booking Number: _____

Passenger Names: _____

PLEASE SIGN ON THE LINE WHICH APPLIES

I **ACCEPT** and authorize the **travel purchases** above, including **travel insurance**, and I am aware the insurance premium is **non-refundable**.

Customer Signature: _____ Date _____

OR

I **ACCEPT** and authorize the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Customer Signature: _____ Date _____

IMPORTANT: Please attach a legible copy of the front and back of your credit card. All rates subject to restrictions, availability and change.