



CASSANDRA A. ROLLE/CEO

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### Credit Card Authorization Form/Retainer

By signing this form, you give **CASSANDRA A. ROLLE** permission to charge your debit/credit card for payments pertaining to your vacation on or after the indicated date. Your signature is required to complete your travel plans. Please read the cancellation/change policies for your trip.

Please provide all legal names and dates of birth at the time of travel for all travelers.

1. Guest Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Guest Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Total for the trip: \$ \_\_\_\_\_ Deposit amount paying: \$ \_\_\_\_\_

MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_ Visa \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**It is strongly recommended to purchase travel insurance. If you choose not to purchase travel or cancellation insurance, you understand you are liable for any cancellation penalties and out-of-pocket expenses incurred. You will also make your own provisions in the event of an emergency while traveling. I understand the Trip Travel Insurance premium is non-refundable.**

\_\_\_\_\_ I hereby accept travel insurance coverage. I understand the trip cancellations and interruption details, terms and conditions that were provided or discussed with me.

\_\_\_\_\_ I hereby decline travel insurance coverage. I understand the trip cancellation and interruption details, terms and conditions that were provided or discussed with me.

I acknowledge that all the information above is correct. By signing below, I am giving authorization to **CASSANDRA A. ROLLE** and or the supplier to charge my card for all charges listed above. Additionally, I understand and agree to pay a non-refundable Concierge Fee of \$100 per person to Rolle with Me Travel. This Concierge Fee is for all services rendered. I have been informed of the cancellation policies for our travel services and have been made aware of the benefits of travel protection. Please submit retainer fee(s) to my business PayPal account: rollewithmetravel@gmail.com.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your credit card (front and back) as well as a copy of the inside of your passports.