



Reservation Department Credit Card &
Third Party Credit Card Authorization Form
Fax To: 610-359-6561

7 Campus Blvd., Newtown Square, PA 19073

Booking Information

Booking #: _____ Gateway: _____

Travel Date: _____ Destination: _____

Passenger Names: _____ Insurance? [] YES [] NO
_____ Insurance? [] YES [] NO
_____ Insurance? [] YES [] NO
_____ Insurance? [] YES [] NO

Credit Card Information

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

to charge my credit card: _____ CLEARLY PRINT card number
Security Code Exp. Date

for the amount of: \$ _____ , for the booking above.

Cardholder Signature: _____
Today's Date: _____

I have read and agree with the Fair Trade Contract in the
back of ALG Vacations brochure including cancellation
penalties and ALGV-OK Vacation Security Plan items
(Information also available on algvacations.com)

Cardholder Billing Address & Telephone:

Street Address: _____
City, State, Zip Code: _____
Telephone: _____

For Internal Use Only:

Date: _____
Processor: _____
Approval Code: _____
Amount: _____