

Cost Less Travel Credit Card Authorization

OUR FAX NUMBER IS
1-610-524-8499

Please Print and Fill out this form, then Fax it over to us.

Guest
Name: _____

Companion
Name: _____

Street
Address: _____

City: _____

State: _____ Zip: _____

E-Mail
Address: _____

Phone: Business: _____
Home: _____

Amount of Charge \$ _____ . _____

Please check and initial:

- Yes, I am purchasing travel protection. _____
 No, I am not purchasing travel protection. _____

Name of cardholder as it appears on card: _____

Billing Address of card: _____
(leave blank if same as above)

Street: _____

City: _____

State: _____ Zip: _____

Credit Card Number: _____

Expiration Date: mo / yy

Signature: _____

If you are using a debit card please check with your bank first that you are not exceeding a daily spending limit on your card.

Please enter any notes or requests, such as smoking preference, bedding/vie/floor preferences, etc. , Request basis only.

By submitting, you certify that you are the cardholder and are authorizing Cost Less Travel, a division of Chester County Travel, Inc. Operator/Wholesaler to charge the listed amount to the credit card. You also certify you have read the Terms & Conditions and Travel Protection Plan details. Cancellation penalties may apply. Insurance is Non-Refundable.



Cost Less Travel
1-888-586-5555