Destinations By Sheila
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(541) 969-1703
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CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize ____Sheila Skeen_____ to process the credit card information provided for the reservation details listed below:

GUEST NAME: _____ TRIP TYPE: (CRUISE/PACKAGE/OTHER) _____Flight to Brazil_
SUPPLIER NAME: _____ CONFIRMATION#: _____
DEPARTURE DATE:_____April 5. 2025_____ RETURN DATE: _____April 26, 2026_____
CONTACT NAME: ,_____ Phone Number_____
NAME AS IT APPEARS ON CREDIT CARD: _____
LAST FOUR DIGITS OF CREDIT CARD: _____
** To protect your confidential information, do not provide a full credit card number in this form. You will be contacted by your Travel Agent to provide your full credit card number and CVV number. A copy of the driver's license is needed along with this form **
TOTAL TO CHARGE TO MY CREDIT CARD: _____$2407.31_____
EXPIRATION DATE: _____

BILLING ADDRESS:

_____

CITY/STATE/ZIP:

_____

DAYTIME PHONE NUMBER: _____
EMAIL ADDRESS:_____

DO YOU WANT TRAVEL INSURANCE:_____YES _____NO

CREDIT CARD HOLDER SIGNATURE:_____DATE: _____

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