



TRAVEL
INVESTMENT
ADVISORS

Please note: Our Online form is a more secure way of submitting this information. [Found HERE.](#)

MGA Travel - Secure Debit/Credit Card Authorization Form Gourmet Systems LLC dba Michael Graham & Associates "MGA Travel"

Your completion of this authorization form helps us protect you, our valued customer, from fraud. All information entered on this form will be kept strictly confidential. By submitting this form, your travel advisor is acknowledging that you are known to him/her. By completing this form you are authorizing MGA Travel to store and use this information on your behalf.

Please send completed form to: by mail -10764 Hwy 707 Ste 1, Myrtle Beach, SC 29588, or print, scan & email to office@takethetrip.com or fax 843-215-5554.

Cardholders Name (as it appears on Card) _____ Your Agents Name: _____

Phone Number: _____ Email Address: _____

Trip Confirmation Number: _____

Description of Authorized Charges (below) You can be as specific or general as you wish in the Description. For example, if you wish to simply authorize us to not require this form to be completed each time you need to make a payment, you can put in the box that you "authorize any travel charges that I confirm by email moving forward."

If only portions of the charges are to be charged to the card, please specify that as well. You can check multiple reasons, such as deposit AND professional fee AND insurance for example.

Description of Authorized Charges: _____

If you don't know the exact total amount to be charged, you can put something such as "Amount Quoted for Deposit + Insurance" or "as needed" for example. For the validity date you can be as specific as today's date, or if you are authorizing for general use, you can put a further out date as you wish, such as 12/31/2022 as an example.

This Payment is for:	Deposit Due	Total Amount of Charges or Payment: _____
	Deposit + Insurance	Authorization valid until (mm/dd/yy): _____
	Professional Fees	
	Pay Balance Due	
	Other:	You must provide a clear copy of the cardholder's picture ID or by submitting this form, your travel advisor is acknowledging that you are known to him/her.

Debit/Credit Card Number: _____  Card Type: _____

Billing Address: _____

Billing Address Line 2: _____ Expiration: _____ Sec. Code: _____

Billing State: _____ Billing City: _____ Billing Zip: _____

In lieu of my credit card imprint I acknowledge that I am the cardholder listed above, and authorize MGA Travel to charge my credit card. I, authorize MGA Travel to charge my account (debit/credit card) listed on this document for the travel related charges above. I understand all the terms and conditions of this booking and agree to the terms and conditions provided to me for this travel arrangement, including all cancellation policies. I understand and agree that travel arrangements may be subject to non-refundable cancellation penalties. I agree to carefully read all emailed communication between and myself and note all restrictions that may apply. I further understand that as part of your travel services, you recommend that all travelers purchase some form of travel insurance to help protect their travel investment.

I also certify that the information provided on this form is true and correct. I am authorized to effect charges on the card or account number provided. I agree that in the event of a discrepancy to my credit card or account, I will notify your agency's accounting department within seven (7) business days of receiving the account statement or immediately upon knowledge of such error. As the debit/credit card holder, I authorize MGA Travel to charge my card for future purchases that I verbally approve.

Debit Card Users Only: I understand that by not using a credit card to make this payment, I am giving up some consumer protections provided to credit card holders.

Cardholders Signature: _____