



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.

Description of Authorized Charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                      |   |   |
|----------------------|---|---|
| This Payment is for: | Deposit Due                               | 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". |
|                      | Deposit + Insurance                       |   |
|                      | Professional Fees                         |   |
|                      | Pay Balance Due                           |   |
|                      | Other:                                    |   |
|                      | Total Amount of Charges or Payment: _____ |   |

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 debit/credit card. **Continued on NEXT PAGE.**

I, authorize MGA Travel to charge my account (credit card, debit card, checking account, Bitcoin, Paypal) 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.

If this document is signed on behalf of the cardholder or account holder, the signatory has been authorized by the cardholder/account holder and cardholder/account holder accepts all responsibilities for charges.

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.

**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:** \_\_\_\_\_

As the debit/credit card holder, I authorize MGA Travel to charge my card for future purchases verbally approved by me.