

Harrigan Holidays LLC
FAX: 1.717.259.9775 OR TXT: 1.717.818.3024

CREDIT/DEBIT* CARD AUTHORIZATION

** Please note debit card purchases generally have a \$1000-\$1500 limit.*

For our mutual protection, this form authorizes us to charge your travel arrangements to your credit card/debit.

Please review this form, sign it, and fax, text or mail to Harrigan Holidays, LLC at your earliest convenience along with a photocopy of the front and back of your card. **No travel arrangements can be made until we receive this signed form.**

Name on Card:

Complete Billing Address:

Card Type:

Card Number:

Expires:

Sec. Code:

Cell phone:

Home Phone:

Please charge the following travel payments to my credit card:

for Airfare

for Travel Insurance

I decline travel insurance.

Preferred home airport:

Alternate home airport:

Client Signature:

Date:

Please write below the names and dates of birth for all travelers exactly as they appear on passport. If you prefer you may send us copies of your passport.

Name exactly as on passport

DOB

Passport Number

Expiration Date

Please note: If you have a criminal record, please contact the Border Agency for your destination county or countries to verify that you can enter the country.