



UNIVERSAL CREDIT CARD FORM

VACATION EXPRESS RESERVATION BOOKING #: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ AMOUNT: _____

SECURITY CODE: _____

BILLING ADDRESS STREET: _____

CITY: _____ STATE: _____ ZIP: _____

*NAME AS IT APPEARS ON CREDIT CARD: _____

CARD TYPE:

AMERICAN EXPRESS VISA MASTERCARD DISCOVER *PAYPAL

*For PAYPAL payment verifications, please ignore credit card number information.

I acknowledge receipt of ticket(s) and/or coupons(s) for related charges described hereon. Payment in full to be made when billed or in extended payments in accordance with the standard policy of company issuing card and as reflected in applicable tariffs. Payments are processed in USD (U.S. Dollar).

NO EXCHANGES OR REFUNDS WILL BE PROCESSED BASED ON VACATION EXPRESS' TERMS AND CONDITIONS.

I have read and understand the Terms and Conditions located here: <https://www.vacationexpress.com/terms>.

X _____

CARD MEMBER SIGNATURE (NON-COMPUTER GENERATED SIGNATURE REQUIRED)

NOTE TO TRAVEL AGENTS: REMEMBER TO HAVE CARDHOLDER SIGN THE UCC; YOU MUST CALL IN THE CREDIT CARD NUMBER; AND A SIGNED UCC FORM MAY BE REQUIRED FOR EACH PAYMENT. PLEASE RETAIN FOR RECEIPT.

PLEASE EMAIL TO OUR SECURE EMAIL: GROUPS@VACATIONEXPRESS.COM OR FAX THE COMPLETED FORM TO OUR SECURE FAX NUMBER; 404-745-0201. DO NOT SEND THIS COMPLETED FORM TO ANY OTHER EMAIL ADDRESS.

In some instances, a copy of the credit card may be requested along with a copy of the ID/passport associated with the credit card.