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**Credit Card Authorization:**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to charge \$ \_\_\_\_\_ Dollars (amount in words) on my \_\_\_\_\_ credit card account # \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_ Booking Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Trip Description: \_\_\_\_\_

My credit card is billed to the following address:

Name: \_\_\_\_\_  
Home phone:(\_\_\_\_) \_\_\_\_\_ Work phone:(\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
Street: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trip Participants included in this payment:

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
\*\*\*\*\*

**Travel Protection Waiver: (The purchase of travel insurance is non-refundable)**

Dates of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

- I will purchase travel insurance** to cover all my nonrefundable travel costs. To receive coverage for pre-existing conditions, I accept that I have to purchase the insurance within 14 days of the trip deposit.
- I accept the supplier protection/insurance plan.** I understand I am not protected from supplier default. I hereby release Research Travel, Inc. from any and all liability related to the trip described above.
- No**, do not enroll me for any Travel Insurance or Travel Protection Plan. I understand that I am solely responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own separate travel, medical and any other provisions in the event of an emergency while I am traveling. I also understand that I am not protected from loss in the event of any travel vendor, travel supplier or any travel related operator default. This waiver confirms that I voluntarily **Decline** Travel Insurance and Travel Protection Insurance for the trip described above. I understand I am solely liable for all airline fees, supplier fees, and agency fees that may apply and I hereby release Research Travel, Inc. from any and all liability related to the trip described above.
- I have purchased or will purchase other travel insurance and travel protection insurance** on my own and do hereby release Research Travel, Inc. from any and all liability related to my trip described above. Please provide Insurance Co. \_\_\_\_\_ and Policy # \_\_\_\_\_.

**This waiver must contain signatures of authorized credit card holders over the age of 17.**

_____ Signature Date	_____ Signature Date
_____ Signature Date	_____ Signature Date
_____ Signature Date	_____ Signature Date