

Customer: _____ **Date:** _____

Independent Travel Advisor: Adam Williams, Jr. **Customer Email:** _____

Advisor Telephone: (678) 631-7333 **Business Email: info@utopianictravels.com**

Thank you for your purchase with Utopianic Travels. To finalize your transaction and ensure the confirmation of your arrangements, we kindly request your authorization on this form. It's important to note that this form is not required for electronic purchases made directly on our website, www.utopianictravels.com, or its affiliated platforms.

TRAVEL INSURANCE WAIVER

To ensure your security, we highly recommend Travel Insurance, which is readily available upon request from Utopianic Travels. You have the option to enroll online for comprehensive travel protection, including coverage for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other contingencies. Alternatively, your Utopianic Travels Independent Travel Advisor can arrange the appropriate coverage. For an insurance quote and to make a purchase, please contact us at info@utopianictravels.com.

In order to decline the recommended travel insurance, we kindly request you acknowledge the insurance waiver form below. Please note that the final travel documents, including tickets, vouchers, and other relevant materials, will only be dispatched to you once we receive the signed insurance waiver.

I, _____, authorize Utopianic Travels / IntelTravel.com and or Delta Vacations; the travel supplier, to charge my:

(check one) AMERICAN EXPRESS MASTERCARD VISA DISCOVER

Credit Card Number: _____ **Expiration Date:** _____

Billing Address: _____ **CVV:** _____

City, State, Zip: _____ **Select Payment Option:** Option 1: Full Payment
Option 2: Monthly Payment

For the following travel arrangements:

Destination : _____

Dates of Travel: _____

Passenger Names: _____

PLEASE AUTHORIZE ON THE LINE WHICH APPLIES

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

Customer Authorization: Name _____ Date _____

OR

I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Customer Authorization: Name _____ Date _____

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