

NOTICE: By signing this form, I authorize Limitless Travels by BLee, LLC to charge the credit card listed below for the trip and amount(s) specified. This authorization is valid until the full balance is collected or revoked in writing. Card data is handled securely and never shared with unauthorized third parties.

TRIP INFORMATION

Trip / Destination

Travel Date(s)

Total Trip Amount (\$)

No. of Travelers

Supplier(s)

PAYMENT SELECTION

☐

Pay In Full Authorize total amount in a single charge today.

☐

Payment Plan Charges per the schedule on Page 2.

☐

Decline Travel Protection

☐

Add Travel Protection

Insurance Type
& Amount (\$)

CARDHOLDER INFORMATION

First Name (as it appears

Last Name (as it appears on card)

Billing Street Address

City

State

ZIP

Country

Phone Number

Email Address

CREDIT CARD DETAILS

Card Type: ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover ☐ Other

Credit Card Number

Expiration (MM/YY)

CVV / Security Code

TERMS & CONDITIONS

- AUTHORIZATION** I authorize Limitless Travels by BLee, LLC to charge the credit card above for the trip and amount(s) specified, including any deposit, installment, or final balance per the agreed payment schedule.
- CANCELLATION POLICY** In the event of cancellation, any refunds from suppliers (hotels, airlines, tour operators, etc.) are subject solely to each supplier's individual cancellation policy. Limitless Travels by BLee, LLC will make reasonable efforts to recover supplier refunds on your behalf but cannot guarantee them.
- PAYMENT PLAN** If a payment plan is selected, I agree that funds will be available on each scheduled date. Missed payments may result in forfeiture of the booking and all amounts previously paid.
- ACCURACY & CONSENT** I certify that I am the authorized cardholder, that all information provided is accurate, and that I consent to this charge. Card data is stored securely and never shared with unauthorized third parties outside of required payment processing.

CARDHOLDER AUTHORIZATION & SIGNATURE

Cardholder Signature

Print Full Name

Date

PAYMENT PLAN SCHEDULE

Client Name

Trip / Destination

Total Trip Amount (\$)

PAYMENT SCHEDULE

#	Payment Due Date	Amount (\$)	Payment Method	Notes / Status
1				
2				
3				
4				
5				
6				
7				
8				
TOTAL AUTHORIZED AMOUNT (\$)				

- SCHEDULED CHARGES** I authorize Limitless Travels by BLee, LLC to charge the credit card on file on each date listed above for the amount shown. No separate notice will be sent before each scheduled charge.
- MISSED PAYMENTS** If a scheduled payment is declined, I will be notified within 3 business days and must remedy the payment within 5 business days. Failure to do so may result in cancellation of my reservation with no refund of amounts already paid.
- CANCELLATION & REFUNDS** All payments applied to supplier reservations are governed by each supplier's individual cancellation policy. Limitless Travels by BLee, LLC will advocate for refunds where possible but makes no guarantee of recovery. Remaining installments will be voided upon receipt of written cancellation.
- MODIFICATIONS** Changes to the payment schedule must be requested in writing and approved by Limitless Travels by BLee, LLC no fewer than 7 days before the affected payment date.
- FINAL PAYMENT & DOCUMENTS** All balances must be paid in full by the final scheduled date. Travel documents and supplier confirmations will not be released until payment is complete.

CLIENT AGREEMENT & SIGNATURE

Client Signature

Print Full Name

Date