



(856) 481-0101

www.vacationsbystacy.com

# VACATIONS BY STACY

## TRAVELER INFORMATION FORM

\*\*\*Passports must be valid for 6 months beyond date of return from travel\*\*\*

|                                  |  |
|----------------------------------|--|
| <b>Traveler Information</b>      |  |
| Traveler # 1 Legal Name          |  |
| Date of birth                    |  |
| Passport # and Expiration Date   |  |
| Traveler # 2 Legal Name          |  |
| Date of birth                    |  |
| Passport # and Expiration Date   |  |
| Traveler # 3 Legal Name          |  |
| Date of birth                    |  |
| Passport # and Expiration Date   |  |
| Traveler # 4 Legal Name          |  |
| Date of birth                    |  |
| Passport # and Expiration Date   |  |
| <b>Contact Information</b>       |  |
| Home Mailing Address             |  |
|                                  |  |
|                                  |  |
| Email Address                    |  |
| Phone number (s)                 |  |
| <b>Credit Card Information</b>   |  |
| Credit Card Type                 |  |
| Credit Card Number               |  |
| Credit Card Expiration Date      |  |
| Credit Card Security Code        |  |
|                                  |  |
| Loyalty Numbers Air/Cruise/Hotel |  |

I authorize the amount of the deposit (or payment in full if traveling within 75 days) to be charged to the credit card account listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name on Credit Card (please print)

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