

# Lucinda Luxury Concierge, LLC

[wc@fh2hconcierge.com](mailto:wc@fh2hconcierge.com) 301.873.3526 [www.fh2hconcierge.com](http://www.fh2hconcierge.com)

**Customer Name:**

*(As it appears on your passport)*

**Today's Date:**

**Date of Birth:**

**Mailing Address:**

**City:**

**State:**

**Zip Code**

**Telephone Number:**

**Group Name: Baker Wedding Group**

**Travel Advisor: Lucinda Luxury Concierge, LLC**

**Advisor Telephone: 301.873.3527**

**Email: [info@fh2hconcierge.com](mailto:info@fh2hconcierge.com)**

**TRAVEL PURCHASE AUTHORIZATION. Thank you for your purchase.** Lucinda Luxury Concierge, LLC (LLC, LLC) is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. Charges are payable ONLY to Lucinda Luxury Concierge, LLC.

## TRAVEL INSURANCE WAIVER

**For your protection, Travel Insurance is strongly recommended and available upon request from Lucinda Luxury Concierge, LLC.**

You can enroll online for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or Lucinda Luxury Concierge, LLC can arrange coverage for you. For assistance with online insurance quote and purchase let us know.

**To decline recommended travel insurance, your signature is required below.** Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

I, \_\_\_\_\_, authorize Lucinda Luxury Concierge, LLC and or this travel supplier: Royalton Luxury Resort, to charge my: (check one). ALL deposits are non-refundable. Travelers insure will cover reimbursements.

AMERICAN EXPRESS

MASTERCARD

VISA

DISCOVER

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

CVV: \_\_\_\_\_

For the amount of \$ \_\_\_\_\_

(USD)

For the following travel arrangements: Baker Wedding

Itinerary: Royalton Punta Cana

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

Booking Number: Baker Wedding 7.20.24

Passenger Names: (please print legibly)

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### PLEASE SIGN 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 Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OR**

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

**IMPORTANT: Please attach a legible copy of the front and back of your credit card.**