



Attn: _____

From: _____

Agency: _____

Fax No.: _____

Ref #: _____

Date: _____

CREDIT CARD AUTHORIZATION FORM

In order to process your reservation, please print, complete this form and fax it along with a copy of the front and back of the credit card and the cardholder's passport information to: 310-342-0666 or 310 342-0182

Please verify the passenger information you have entered in your reservation. If the cardholder is not one of the passengers traveling, we must have written authorization from the cardholder authorizing the specific charge. There is a processing fee of \$15 per person / \$25 per person within 14 days of departure. Reservations require a non-refundable deposit at the time of confirmation. Once confirmed, all changes are subject to a \$25 per person handling fee plus any applicable airline and supplier fees. Changes made to a reservation after documents are issued will incur a \$50 per person handling fee plus any applicable airline and supplier fees. For cancellations made after documents are issued, additional fees assessed by the airlines and other service providers will be added to the initial deposit as non refundable charges. Cancellations within 14 days of departure from the U.S. are non-refundable. Once travel has commenced, any cancellation or changes to the itinerary are at the traveler's own expense.

ALL MODIFICATIONS / CANCELATIONS MUST BE REQUESTED IN WRITING AND ACKNOWLEDGED BY EUROBOUND TICKETS AND DEPOSITS ARE NON REFUNDABLE

WE HIGHLY RECOMMEND THE TRAVEL PROTECTION PLAN. If you wish to purchase the travel protection plan, please add this amount to the invoice total below. Please refer to the Description of Coverage for benefit terms, conditions and exclusions that apply listed under Travel Insurance on the homepage, <http://www.tripmate.com/wp423v/>

IMPORTANT: I have read and understand the Terms and Conditions and Travel Protection Plan offered by Eurobound Tours **Initial here:** _____

I _____ hereby authorize EuroBound Tours Inc. to make the charges specified below to the credit card listed.

Type of Card: Discover: _____ Visa: _____ Master Card: _____ AMEX: _____

Card Holder: _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Card Number: _____ Expiration: _____

Deposit Amount: \$ _____ Protection Plan Amount: _____

Protection Plan: Accepted _____ Declined _____ (MANDATORY - CHECK ONE)

Final Payment Amount Due: \$ _____ Due Date: _____

Total with Travel Protection: _____ Total without Travel Protection: _____

Card Holder Signature: _____ Date: _____

NO FARE IS GUARANTEED UNTIL FULL PAYMENT IS RECEIVED



To be completed by Travel Agent if unable to obtain above Cardholder's signature and card copies

I have verified the above card holder's identification and agree to assume all responsibility for any charge-backs or credit disputes pertaining to the above booking.

Agency: _____ ARC: _____

Agent Name: _____ Seller of Travel ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____

Title: _____

Date: _____

Telephone: _____