

EUROBOUND

Attn: _____ From: _____
Agency: _____ Fax No.: _____
Ref #: _____ Date: _____

CREDIT CARD AUTHORIZATION FORM

Please complete this form and scan then email or fax to: 310 342-0666 or 310 342-0182

Please verify the passenger information per your itinerary is accurate. If the cardholder is not one of the passengers traveling, then we must have written authorization from the cardholder authorizing the credit card charge. Reservations require a non-refundable deposit in order to confirm services. Once services are confirmed, all changes are subject to a \$100 per person change fee plus any applicable airline and supplier fees. Cancellations within 30 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 and are not refundable. Venue closures due to circumstances beyond our control are not refundable. Airline reissues, for whatever reason, are subject to a minimum fee of \$50 per person plus any applicable airline charges. Rail ticket reissues, for whatever reason, are subject to a minimum fee of \$25 per person plus any applicable supplier charges. Price is quoted in US Dollars and includes associated costs relative to product preparation and is not subject to itemization.

ALL MODIFICATIONS AND OR CANCELLATIONS MUST BE REQUESTED IN WRITING AND ACKNOWLEDGED BY EUROBOUND. AIRLINE, RAIL TICKETS AND DEPOSITS ARE NON REFUNDABLE

WE HIGHLY RECOMMEND THE TRAVEL PROTECTION PLAN. A full Description of Coverage for benefit terms, conditions and exclusions that apply may be found at <http://www.tripmate.com/wpF423V/home>. IMPORTANT: The Pre-Existing Condition Exclusion is waived if payment for this plan is received within 7 days of your initial deposit/ payment for your trip. This policy may not be purchased after you have made final payment.

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

I _____ hereby authorize EuroBound 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: _____

Traveler's Cell Phone while in Europe: _____

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

THIS IS A TWO PAGE DOCUMENT. BOTH PAGES MUST BE SIGNED AND RETURNED

DISCLAIMER - YOUR AGREEMENT WITH EUROBOUND, INC.

Before we start confirming services, we require that you sign this form; your signature will signify your agreement with the following terms and conditions:

Eurobound, Inc. acts as a sales agent for all services provided by "Suppliers" in your operating itinerary. Eurobound is not responsible for acts or omissions of the Suppliers or their failure to provide services or adhere to their own schedules.

Eurobound assumes no responsibility for and shall not be liable for any refund, personal injury, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be caused by: (1) any defaults, wrongful or negligent acts, or omissions of the Suppliers; (2) any defect in or failure of any vehicle, craft, equipment, or instrumentality owned, operated, or otherwise used or provided by the Suppliers; or (3) any wrongful or negligent acts or omissions on the part of any other party not under Eurobound's control. You hereby release Eurobound from all claims arising out of any problem covered in this paragraph.

You acknowledge and understand that Suppliers have their own contracts covering cancellation penalties and other terms and conditions, and that you may be bound by those contracts regardless of whether you receive notice of their terms.

Eurobound has no special knowledge regarding the financial condition of the Suppliers, unsafe conditions, health hazards, weather hazards, or climate extremes at locations to which you may travel. For information concerning possible dangers at destinations, Eurobound recommends contacting the Travel Warnings Section of the U.S. State Department at (202) 647-5225 or www.travel.state.gov. For medical information, Eurobound recommends contacting the Centers for Disease Control at (877) FYI-TRIP or www.cdc.gov/travel. You assume full and complete responsibility for checking and verifying any and all passport, visa, vaccination, or other entry requirements of your destination(s), and all conditions regarding health, safety, security, political stability, and labor or civil unrest at such destination(s). You hereby release Eurobound from all claims arising out of any problem covered in this paragraph, and to submit all other claims against us within 30 days after the return of your trip. You agree that the courts in Los Angeles County will be the exclusive jurisdiction for all claims brought by you or Eurobound, and you hereby submit to the personal jurisdiction of those courts.

Card Holder Signature: _____

Date: _____



*****To be completed by Travel Agent if unable to obtain above Cardholder's signature*****

I have verified the cardholder's identification and agreement to the charges as listed on page 1 and 2 of this document. Absent the cardholder's signature, I 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: _____