



Your Passport to Europe

Attn: _____
Agency: _____
Ref #: _____

From: _____
Fax No.: _____
Date: _____

CREDIT CARD AUTHORIZATION FORM

In order to process your reservation complete this form and fax it 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 \$50 per person for bookings within 14 days of departure. Reservations require a non-refundable deposit at the time of confirmation. Once confirmed, all changes are subject to a \$50 per person handling fee plus any applicable airline and supplier fees. Changes made to a reservation after documents are issued will incur a \$100 per person handling fee plus any applicable airline and supplier fees. For cancellations made after documents are issued a minimum of \$250 per person fee will apply plus any applicable airline and supplier fees. 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. 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. The fees listed above are exclusive of the travel services purchased and will be added to the final purchase price.

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 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



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

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