

Credit Card Authorization Form & Agreement

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM & AGREEMENT

Kindly complete, sign and submit this form, with a legible color photocopy of your **credit card** (front & back) **and identification** (driver's license or passport) to the fax number and mail originals to the address indicated below. This form must be fully completed before ticket(s) and /or other documents can be issued. Please review your "Detailed Trip Itinerary" to confirm all information is correct such as name (must match passport), departure & arrival time and date. This company will not be responsible if payment cannot be processed due to missing of required information, including but not limited to supporting documentation; or all or part of the information provided is not correct. Prices are not guaranteed until fully paid. Availability is not guaranteed if full payment is not received before the "time limit for payment" given to you by our *travel consultant*.

Our hours of operations are: MON to FRI 9:00AM to 6:00PM, SAT 10:00AM to 1:00PM (*Pacific Standard Time*)

Travelers are advised to check with their consulates for visa travel requirements and proper travel documentation

This Section To Be Completed By The Cardholder

I agree with all **Terms and Conditions** and the **Cancellation Policy** of Travel International Group, Inc. explained by the *travel agent* at the time of purchase. I agree that this purchase is absolutely **NON-REFUNDABLE & NON-ENDORSABLE** if all or part of the trip is not used.

IMPORTANT: All travel date changes on an **airline ticket** must be made 24 hours **before** the original departure date (subject to penalties and exchanges fees) otherwise it will have no value. All and any **dispute** on the agreed amount charged and/or cancellations **must be submitted in writing to our offices to be processed**. Customer will be responsible for all fees incurred by Travel International Group, Inc in an effort to resolve the disputed amount when it is submitted directly by the customer through the customer's credit card company.

TRAVEL INSURANCE: We highly recommend purchasing **baggage, medical, cancellation, trip interruption, trip delay and accident insurance to protect your trip investment.** (For more information please call us at (310) 327-5143 or visit to www.travelinternational.net and click on Travel Insurance) **Unmarked means decline to purchase Travel Insurance! If, Yes is marked additional forms must be completed.**

YES. I choose to purchase TRAVEL INSURANCE NO. I decline to purchase TRAVEL INSURANCE Reservation Code:

Passenger Name(s)

(Name(s) on ticket must match your passport) - First Name, Last Name

\$ \$0 (Regular Mail) \$15 (UPS Ground) \$35 (Overnight) \$

Total Trip Amount + Delivery Charge = Total Authorized Charge

Note: If customer decided the travel documents to be delivered by Regular Mail, customer assumes all the responsibility in the case of lost Electronic Airline Tickets & Invoice are delivered by regular mail at no additional charge

Air Only Vacation Package Other Services

(To obtain a copy of the Terms & Condition including our "Cancellation Policy" please go to www.travelinternational.net and click on Terms & Conditions or request a complete copy from one of our travel consultants) CST#2058413-40

CardHolder (print name)

Phone (home) Phone (work)

CardHolder Billing Address:

(Must match with the credit card company online security system)

City: State: ZIP:

Credit Card Number

Check here, if Visa/MC is debit card

X

VI- MC- AMX- DS Expiration Date

CardHolder Signature

Today's Date

Security Code
(back or front of the card)

Travel Agent Name

Travel International Group, Inc

• Mail all originals to: 500 Carson Plaza Drive, Suite 212 Carson, California 90746

Tel: 310-327-5143

Please FAX this form to: (310) 327-5583