NEW TOURS

Tel: 1 (718) 934-7644, 997-8687, Fax: 1 (718) 934-3255
www.newtours.us; newtoursusa@yahoo.com

CREDIT CARDHOLDER'S AUTHORIZATION

I, CARDHOLDER (name) _____

AUTHORIZE TO CHARGE MY CREDIT CARD LISTED BELOW, IN THE AMOUNT OF

$ _____ FOR *[ ] AIRLINE TICKETS, [ ] CRUISE LINE, [ ] HOTELS, [ ] RENT A CAR, [ ] TOUR PACKAGE(S), [ ] BUS TOUR(S) [ ] OTHER* _____

SERVICE: _____ **DATE (S)**_____ _____

AMOUNT IN WRITING_____

PASSENGER NAME (S) _____

CREDIT CARD: *[ ] DISCOVER, [ ] VISA, [ ] MASTERCARD, [ ] AMEX* **SECURITY CODE** *(3 or 4 numbers)*_____

CREDIT CARD # _____ **EXP. DATE**_____/_____

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS: *STREET*_____

CITY _____ *STATE*_____ *ZIP CODE*_____

CARDHOLDER'S PHONE # *HOME* _____ *WORK*_____ **EMAIL:**_____

TICKET(S) NONREFUNDABLE, CHANGE SUBJECT TO PENALTY PLUS FARE DIFFERENCE

- **PASSENGER MUST RECONFIRM RESERVATION DIRECTLY WITH AIRLINE WHITHIN 72 HOURS PRIOR TO DEPARTURE**
- **OBTAINING VALID TRAVEL DOCUMENTS INCLUDING PASSPORTS, VISAS, VACCINATION CERTIFICATES IS THE SOLE RESPONSIBILITY OF THE PASSENGER. THESE DOCUMENTS MUST BE CARRIED DURING THE ENTIRE JOURNEY**
- **CHECK IN AT THE AIRLINE COUNTER IS REQUIRED AT LEAST 2 (TWO) HOURS PRIOR TO EACH FLIGHT**
- **TRAVEL AGENT(S) CARRY NO RESPONSIBILITY FOR PROBLEMS THAT ARE BEYOND AGENTS CONTROL**
- **PLEASE SUBMIT LIGHT PHOTOCOPY OF CREDIT CARD (FRONT AND BACK) AND THE VALID ID AND FAX IT TOGETHER WITH THE SIGNED FORM TO NEW TOURS OFFICE OR REPRESENTATIVE.**
- **PASSENGER MUST READ AND UNDERSTAND THE CANCELATION POLICY OF NEW TOURS**

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE INFORMATION ABOVE

SIGNATURE OF CARDHOLDER _____ **DATE** _____/_____

Please, be advised **that there is an additional charge if you paid with the c/c and wish to cancel your reservation: $25** for the paid amount **up** to $300, **$50** for the paid amount op to $1000, **$100** for the paid amount up to $3000, **$150** for the paid amount above $3001. This charge is **additional** to regular cancellation fee.

We suggest Trip Cancellation Policy that covers following possible loses related to your trip:

1. Trip Cancellation and Trip Interruption penalties
2. Unused portion of your trip in case of emergency interruption.
3. Emergency Medical Expense Coverage during tour period.
4. Costly emergency Medical Transportation
5. Baggage Delay and Baggage Lost

For your protection, please review our cancellation policy and complete information below

☐ **YES** **I HAVE PURCHASED TRAVEL PROTECTION PROGRAM**

Signature _____ **Date**_____

☐ **NO** **I ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRAVEL PROTECTION PLAN, BUT I CHOOSE TO DECLINE THIS COVERAGE**

Signature _____ **Date**_____