Jet Set Tours

Carlos V. Flores — Jet Set Tours
Independent Travel Advisor with InteleTravel.com
PIN P253934 | (478) 225-4725
carlos@jetset.tours | www.jetset.tours

CUSTOMER NAME _____ DATE _____

TRAVEL PURCHASE AUTHORIZATION

For Non-Website Purchases

Thank you for your purchase. InteleTravel.com is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. This form is NOT required for electronic purchases you complete yourself on our website, www.InteleTravel.com, or its affiliates. Charges are payable ONLY to InteleTravel.com or the hotel, resort, tour operator, cruise line or other travel supplier. Independent Travel Advisors may not accept and process charges through any other account, or accept checks, cash or other forms of payment.

TRAVEL INSURANCE WAIVER

For your protection, Travel Insurance is strongly recommended and available upon request from InteleTravel.com. You can enroll online for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or your InteleTravel.com Independent Travel Advisor can arrange coverage for you. For an online insurance quote and purchase, go to www.InteleTravel.com and click on Insure It.

To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

CREDIT CARD AUTHORIZATION

I, _____ , authorize InteleTravel.com and or this travel supplier: _____

to charge my: ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA ☐ DISCOVER

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CVV _____

BILLING ADDRESS (as it appears on the card statement) _____

For the amount of $_____ (USD), for the following travel arrangements:

ITINERARY / TRAVEL ARRANGEMENTS _____

DATES OF TRAVEL _____ BOOKING / CONFIRMATION NUMBER _____

PASSENGER NAMES (exactly as on government ID) _____

PLEASE SIGN ON THE LINE WHICH APPLIES

I have ACCEPTED and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

CUSTOMER SIGNATURE _____ DATE _____

I have ACCEPTED and authorized the travel purchases above, and I understand that by signing below, I am DECLINING TRAVEL INSURANCE. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

CUSTOMER SIGNATURE (declining insurance) _____ DATE _____

IMPORTANT: Please attach a legible copy of the front and back of your credit card.

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PRIVACY

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