NEW TOURS 🖄

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

320 Brighton Beach Ave, Brooklyn, NY 11235 USA

CREDIT CARDHOLDER'S AUTHORIZATION

	DHOLDER (name) ZE TO CHARGE MY CREDIT	CARD LISTED BEL	OW, IN THE AMO	DUNT OF	
r	FOR [] AIK				
	PACKAGE(S), [] BUS TOUR(S)				
SERVICE:			DAT	DATE (S)	
AMOUNT	IN WRITING				
PASSENG	ER NAME (S)				
CREDIT C	CARD: [] DISCOVER, [] VISA, []] MASTERCARD, [] A	MEX SECURITY	CODE (3 or 4 numbers)	
	CARD #				
	LDER'S NAME:				
CARDHO	LDER'S BILLING ADDRESS:	STREET			
<i>CITY</i>		STATE	ZIP CODE		
CARDHO	LDER'S PHONE # HOME	WORK	EMAIL:		
TICKET(S) NONREFUNDABLE, CHANGE SUBJECT TO PENALTY PLUS FARE DIFFERENCE					
 > 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 					
SIGNATU	TRE OF CARDHOLDER			DATE /	
\$50 for the paid cancellation fee <u>We sug</u> 1. Trip (ted that there is an <u>additional charge if yo</u> amount op to \$1000, \$100 for the paid amo e. gest Trip Cancellation Polic Cancellation and Trip Interruption penalties ed portion of your trip in case of emergency	ount up to \$3000, \$150 for t cy that covers foll	he paid amount above \$.	3001. This charge is additional to regular	
 Emery Costly 	gency Medical Expense Coverage during to y emergency Medical Transportation age Delay and Baggage Lost				
F	for your protection, please revi	ew our cancellation	policy and compl	ete information below	
□ YES	I HAVE PURCHASED	TRAVEL PROTE	CTION PROGE	RAM	
	Signature		Date_		
□ NO I ACKNOWLEDGE THAT I HAVE BEEN OFFERED TRAVEL PROTECTION PLAN, BUT I CHOOSE TO DECLINE THIS COVERAGE					
	Signature				