

**CREDIT CARD AUTHORIZATION FORM**

**TODAYS DATE:** \_\_\_\_\_

I \_\_\_\_\_ AUTHORIZE FESTIVAL TRAVEL & TOUR OPERATORS AT 120 CHAPARRAL COURT SUITE 160 ANAHEIM HILLS CA 92808 TO CHARGE MY CREDIT CARD INDICATED BELOW AS PAYMENT OF TOURS, AIRLINE TICKETS AND/OR ANY OTHER RELATED SERVICES FOR MYSELF AND/OR THE PERSONS DESIGNATED BY ME AS INDICATED IN THIS FORM.

CREDIT CARD NUMBER \_\_\_\_\_

CREDIT CARD NAME (VISA, MASTER CARD ETC) \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

3 DIGIT SECURITY CODE PRINTED ON THE BACK OF THE CARD \_\_\_\_\_

CARDHOLDER NAME-----EMAIL ADDRESS-----

AREA + PHONE # DAY \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIPCODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PASSENGER NAMES \_\_\_\_\_

\_\_\_\_\_

\*TOTAL AMOUNT TO BE CHARGED FOR ALL PASSENGERS \_USD \$ \_\_\_\_\_

CONCEPT (S) of services \_\_\_\_\_

The total Charge may be divided in several charges being the total amount the sum of all charges mentioned in total Amount \*.

I AGREE THAT I HAVE REVIEWED MY TRIP CONFIRMATION AND I AM SATISFIED WITH ALL THE DETAILS OF THE ITINERARY AS WELL AS TRAVEL DATES, NAMES (EXACTLY AS IT SHOWS IN OUR PASSPORTS OR DOCUMENTS USED TO TRAVEL ), PRICING AND ANY OTHER INFORMATION GIVEN TO ME BEFORE I SIGN THIS COPY. I AM AWARE OF THE VALIDITY OF TRAVEL DOCUMENTS (PASSPORTS HAVE TO BE VALID AT LEAST 6 MONTHS AFTER THE BEGINNING OF MY TRIP). I AM AWARE OF ANY VISAS REQUIRED TO ENTER THE COUNTRIES I WILL VISIT, AS IT IS NOT FESTIVALS TRAVEL RESPONSABILITUES BUT MINE. I ALSO AGREE THAT I AM AWARE OF THE TRIP CANCELATION POLICIES THAT FESTIVAL AND THIRD PARTIES COMPANIES CONTRACTED FOR YOUR TRIP SUCH AS AIRLINES HOTEL AND LOCAL TOUR OPERATORS WILL CHARGE IN CASE I HAVE TO CHANGE OR CANCEL MY TRIP ONCE I REDEEM THIS PAYMENT. FESTIVAL TOUR OPERATORS HAS ADVISE ME TO PURCHASE TRAVEL INSURANCE TO BE PROTECTED FROM THESE CHARGES AND IT IS MY CHOICE TO BUY AND PROTECT MY INVESTEMENT OR BE COMPLETELY LIABLE OF CANCELATION /CHANGES FEES.

BY SIGNING BELOW I COMPLETELY WAIVE MY RIGHTS TO STOP PAYMENT, CHARGE BACK AND DISPUTE THROUGH MY CREDIT CARD COMPANY ANY OF THESE CHARGES. IN THE EVENT OF A DISPUTE, I AGREE TO BE PERSONALLY BE LIABLE TO FESTIVAL TRAVEL AND TOURS OF THE FULL PAYMENT PLUS ATTORNEY FEES AND COSTS THAT FESTIVAL TOURS MAY INCUR AND ALL PARTIES AGREE TO VENUE FOR ANY LITIGATION OR OTHER DISPUTE RESOLUTION ACTIONS IN THE COUNTY OF ORANGE, STATE OF CALIFORNIA, USA.

REQUEST CAN NOT BE PROCESSED WITHOUT: A legible copy of the credit card front and back and A copy of the credit card holder’s photo identification

SIGNATURE:

PRINT NAME:

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Upon receipt of signed authorization and copies all services will be charged immediately.

