

CREDIT CARD AUTHORIZATION FORM

BOOKING : HUB OCT 2008 RES AGENT: Susannah Zani

I, the undersigned (Print Name) _____ authorize AFRICAN TRAVEL INC to charge my credit card as follows for my and/or my companion's scheduled trip:

Credit Card: (CHECK ONE) **MASTER CARD** **VISA** **AMEX** **DISCOVER**

Card #: _____ Expiration: _____ (DATE)

Amount: \$ _____ Trip Starts: _____ (DATE)

Billing Address: _____

(Must match cardholder billing information.)

City: _____ State: _____ ZIP: _____

CANCELLATION INFORMATION

Time prior to departure	Cancellation fee
90 days or more	20% of total tour cost*
30-59 day	50% of total tour cost*
Less than 30 days	100% of total tour cost*

Special events and Groups: Based on contract

*Plus charges of third parties

I have read, fully understand and agree with the Cancellation Terms listed above

The Card Holder	The Travel Agent
Date: _____	Date: _____ Aug 2008 _____
Print Name: _____	Agency: _____ DUMA SAFARIS _____
Signature: _____	Agent: _____ CHRISTOPHER LAW _____
Tel (Day): _____	Agency Tel: _____ 949-723-0337 _____ OR 714-269-8084 _____
Tel (Evening): _____	Agent Signature: _____
INSURANCE: I/We Decline: (initial) _____	IATA/CLIA #: _____

* **NOTE:** Please see complete Terms & Conditions in current African Travel, Inc. brochure.

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