

CREDIT CARD AUTHORIZATION FORM

BOOKING #: _____

RES AGENT: _____

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 |
|-------------------------|---------------------------|
| 66 days or more | 20% * |
| 30-65 days | 50% of total tour cost * |
| 29 days or less | 100% of total tour cost * |

Special events and Groups: Based on contract
*Plus applicable third party charges.

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

The Card Holder

The Travel Agent

Date: _____

Date: _____

Print Name: _____

Agency: _____

Signature: _____

Agent: _____

Tel (Day): _____

Agency Tel: _____

Tel (Evening): _____

Agent Signature: _____

INSURANCE: I/We Decline: (initial) _____

IATA/CLIA #: _____

* **NOTE:** Please see complete Terms & Conditions on our website.



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