



CREDIT CARD AUTHORIZATION FORM

Please obtain card holder's signature on this form and return

Booking#: _____ Trip Start (Date): _____ Safari Consultant: _____

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

Credit Card:(Check on) MASTER CARD VISA AMERICAN EXPRESS DISCOVER

FOR YOUR PROTECTION, CREDIT CARD DETAILS MUST BE VERBALLY ADVISED. Contact your Safari Specialist.

Expiration Date: _____ Security Code: _____ Security Code is required to process payment.

Please have information available. Amount: \$ _____

Billing Address: _____
(Must match cardholder billing information exactly.)

City: _____ State: _____ ZIP: _____

CANCELLATION INFORMATION

| Time prior to departure | Cancellation fee |
|-------------------------|---------------------------|
| 66 days or more | 20% of total tour cost * |
| 30 - 65 days | 50% of total tour cost* |
| 29 days or less | 100% of total tour cost * |

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

By signing below I acknowledge that I have read, fully understand and agree with the Cancellation Terms listed above and the Terms & Conditions listed in our current African Travel, Inc. brochure or on our website.

The Card Holder

Date: _____

Print Name: _____

Signature: _____
(Signature of Card Holder only)

Tel (Day): _____

Tel (Evening): _____

TRAVEL PROTECTION PLAN
Accept _____
Decline _____

The Travel Agent

Date: _____

Agency: _____

Agent: _____

Agency Tel: _____

Agent Signature: _____

IATA/CLIA #: _____

1. No "Signature on File" charges accepted!
2. Charges made by family members not travelling will be accepted with copy of driver's license)

330 North Brand Blvd. Ste 225, Glendale, CA 91203

● 800-421-8907 ● Fax: 818-507-5802 ● email: ati@africantravelinc.com ● Web: www.africantravelinc.com