

TAHITI TRAVEL

P L A N N E R S

Tahiti Is Our Passion

PAYMENT AUTHORIZATION FORM AND STATEMENT OF UNDERSTANDING

I, _____ hereby authorize New Millennium Tours Inc., and/or their agents to charge my account listed below for air and/or land travel arrangements. I understand and agree that I will be charged cancellation or change penalties should all or part of these travel arrangement be canceled or changed by myself or my travel companions.

CLIENT NAME(S): _____

BOOKING REFERENCE: _____ **TRAVEL SPECIALIST NAME:** _____

ACCOUNT HOLDER'S BILLING ADDRESS: _____

ACCOUNT HOLDER'S BILLING CITY/STATE/ZIP/COUNTRY: _____

ACCOUNT HOLDER'S PHONE: _____ **EMAIL:** _____

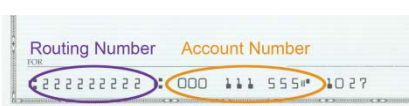
AMOUNT AUTHORIZED: \$ _____		
TO BE USED FOR (<i>check all that apply</i>):	DEPOSIT <input type="checkbox"/>	FINAL PAYMENT <input type="checkbox"/>
		OTHER** <input type="checkbox"/>
**EXPLANATION OF OTHER CHARGE(S): _____		

WORRY-FREE TRAVEL WAIVER	ACCEPT <input type="checkbox"/>	DECLINE <input type="checkbox"/>	TOTAL: \$ _____
Cancellation/Price Protection Policy \$89 per person.			
<i>The Worry-Free Travel Waiver must be purchased for all members of the travel party within 15 days of booking. Ask your travel specialist for details.</i>			

AUTHORIZATION FOR ADDITIONAL SERVICES	ACCEPT <input type="checkbox"/>	DECLINE <input type="checkbox"/>
In addition to the amount authorized above, I authorize New Millennium Tours Inc. and/or their agents to charge this account for any additional services added to my travel arrangements when and if requested by myself or my travel companions.		
<i>Selecting this option allows us to promptly confirm any changes requested to your travel arrangements that require additional charges.</i>		

CHECKING/SAVINGS ACCOUNT (US Accounts Only) -OR-

CREDIT CARD

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Account Number _____	
Bank Routing # _____	
	

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVV _____	
<i>Visa/MasterCard/Discover = 3 digit number on back of card</i>	
<i>Amex = 4 digit number on front of card</i>	

SIGNATURE OF ACCOUNT HOLDER: _____ **DATE:** _____

NEW MILLENNIUM TOURS FAX NUMBERS: 800-772-9231 or International clients - 773-935-4707

Your completion of this authorization form helps us to protect you, our valued customers, from fraud. New Millennium Tours will keep all information entered on this form strictly confidential.