APOLLO TOURS SIGNATURE AUTHORIZATION FORM

Date:			
PRINT LEGAL NAME(S)		BIRTHDATE ocharge airline tickets and other	related travel services to the credit card(s) listed eople:
1)	Birthdate	2)	Birthdate
3)	Birthdate	4)	Birthdate
5)	Birthdate	6)	Birthdate
AUTHORIZED CHARGE AMOUNT	; \$		
CREDIT CARD INFORMATION: Card Type:	American Express	MasterCardVisa [Discover
Card Number:	CSV (3/4 DIGITS)		
Cardholder's Name (as printed on card):			Expiration Date:
SIGNATURE OF CARDHOLDER (MAN	IDATORY)		
CARDHOLDER INFORMATION:			
Address:			
City/State/Zip Code:			
Home/Mobile Phone:		Business Phone:	
AUTHORIZATION FOR SUBMITTED I	3Y (TO BE COMPLETED	BY TRAVEL AGENCY):	
Agency Name and lata #:	Travel Agent Name:		
For Booking Confirmation #:			
Agency Address:			
City/State/Zip Code:			
			ou sign this travel insurance waiver and return it cost. I DO NOT wish to purchase this protection.
Client's Signature		Travel Agent's Signature	
Date		 Date	

Employees of Apollo Travel Agency/Apollo Tours may sign my name. I hereby assume responsibility for these charges and waive any charge-back rights. In the event of a dispute, requests for refund(s) must be made in writing and sent (return receipt) to Apollo Travel Agency/Apollo Tours. All requests for refund(s) must be submitted within 7 days after completion of travel, otherwise no refund will be considered. This agreement will exist until I notify Apollo of any change in writing. This agreement will allow my current valid credit card(s) to be replaced by a subsequent card(s) when my current card(s) becomes invalid of expiration date.