



P.O. Box 414626
Miami Beach, FL 33141

CREDIT CARD PAYMENT FORM

I, _____, hereby authorize
A&R Adventure Tours, INC. to make the charges specified below, to the credit card
listed. I have reviewed and understand the refund and cancellation policies described
below.

Lead Passenger Name: _____

CREDIT CARD: Visa MasterCard American Express
 Sign & Travel / Extended Payment

Credit Card Number: _____ **Exp. Date:** _____

Card Holder's Name: _____
(Exactly as imprinted on credit card)

CARD HOLDER'S ADDRESS (required for processing):

Street: _____

City: _____ **State:** _____ **Zip:** _____

Tel: _____ **Authorized Sale Amount: \$** _____

Card Holder's Signature: _____ **Date:** _____

CANCELLATIONS & REFUND POLICY:

For any cancellation, a fee will be determined according to the following formula:

Number of days prior to trip start..... Cancellation fee per person

91 + days\$200.00
61-90 days 25% of tour price
45-60 days 50% of tour price
30-44 days65% of tour price
15-29 days80% of tour price
0-14 days No refund

Cancellation and refunds are up to each product's Individual policy.

REFUND/COMPLAINTS: request must be made in writing along with inclusion of any unused documents and supporting receipts to A&R Adventure Tours within 45 days of the date of travel. Please allow 3-5 weeks for investigation and notification of intended action.

TO BE COMPLETED BY TRAVEL AGENT (if unable to obtain above cardholder's signature):

I have verified the above cardholder's identification and agree to assume all the responsibility for any charge-backs or credit disputes pertaining to the above booking.

Agency: _____ **Agent Name:** _____ **IATA#:** _____

Address: _____ **Tel:** _____

Signature: _____ **Title:** _____ **Date:** _____