

Cancellation Charges: (IF VISA DENIED)
Regular cards: \$5.00
Euro Classic: \$20.00

ASSIST-CARD

Card Order Form

____ Used for Visa
____ Not used for Visa

To: **R. AMBOY**
From: _____
(Travel Agency Name)

Tel: 843-8422 up to 24 Fax: 843-8427
Tel: _____ Fax: _____

Cardholder Name: _____
(Last Name) (First Name)
Home Address: _____
Office Address: _____

Date of Birth: _____ Age: _____ Status: _____
(MM/DD/YY) (Single/Married)
Tel. _____ Fax. _____ Sex _____
Zip Code _____
Tel. _____ Fax. _____
Zip Code _____
Passport No. _____

IN CASE OF EMERGENCY, PLEASE CONTACT:
Name _____
Address _____
Destination / Itinerary _____
Validity from _____
No. of Days _____
Notes: _____

Relationship _____
Tel. _____ Fax. _____
Zip Code _____
To _____
Type of Assist-Card _____
Amount US\$ _____

Travel Agent's Signature _____ Date Signed _____
Over Printed Name

Card Cancellation / Change of date MUST be done in writing at least one day before the validity of your Assist-Card commences. OTHERWISE, your Assist-Card Shall be considered sold and not subject for refund.