Credit Card Charge Authorization Form

This form should be returned **directly to your travel agent**, or if you are booking directly with LAE, it can be faxed to 530 879 9290

This is to verify my intention to authorize and approve LATIN AMERICAN ESCAPES, INC to charge my credit card the amount listed below:

Signature:		Date:		
Please Print the follo	wing information:			
NAME:			Tel #	
(as it appears on you	ur credit card)			
Billing address for this card:		Booking #:		
Street:				
City, State:		Zip Code		
Account Type:	VISA 🗖	MC 🗖	AXD	
Account #:		Security Code (required)		
Expiration Date:	Amount of Charge: (amounts of all charges must be completed)			
<i>Optional:</i> Please charge additi	onal amount of	•	•	•
Please charge additional amount of Our refund and change fees:		on	on date:	
REVISION FEE: F Charges will vary base CANCELLATIONS	Revision fees will sed on itinerary, an & REFUNDS At ti	d extent of changes, ne time we receive	with a minimum cha written notification t	arge of \$50.
cancel your trip, mor Days Prior to Depart	2	Cancellation Fees/pe		
60 or more \$50		i		
30-59	25% (6 of land cost		
29-15	50% (% of land cost		
14-0	100%	00% of land cost		
Note: special can	cellation fees app	ly to all Galapagos	Islands bookings,	, <u>and special</u>
deposit requirement	nts and cancellat	ion penalties may	apply to specific	destinations,
holiday periods an itinerary.				
Airline tickets: Many	airline tickets are r	oon-refundable Plea	se check vour itiner	ary for exact

Airline tickets: Many airline tickets are non-refundable. Please check your itinerary for exact cancellation and change penalties for your itinerary.