

**APOLLO TOURS SIGNATURE AUTHORIZATION FORM**

**Return via fax to our office by specified payment due dates**

**FAX: 847-724-3277**

**Date:** \_\_\_\_\_

**I, \_\_\_\_\_ hereby authorize the Apollo Travel Agency/Apollo Tours to charge airline tickets and other related travel services to the credit card(s) listed below. In addition to myself, I authorize travel to be charged to my card for the following people:**

**1) \_\_\_\_\_ 2) \_\_\_\_\_**

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.

**AUTHORIZED CHARGE AMOUNT:**        \$ \_\_\_\_\_

**CREDIT CARD INFORMATION:**

**Card Type:**                    American Express\_\_\_        MasterCard\_\_\_        Visa\_\_\_ Discover\_\_\_

**Card Number:** \_\_\_\_\_

**Cardholder's Name**  
**(as printed on card):** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

***SIGNATURE OF CARDHOLDER***  
***(MANDATORY)*** \_\_\_\_\_

**CARDHOLDER INFORMATION:**

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Country of Residence:** \_\_\_\_\_ **Passport**  
**Number:** \_\_\_\_\_

**TRAVEL INSURANCE WAIVER - If you choose not to purchase travel insurance, we ask that you sign this travel insurance waiver and return it to us for our records. I have been advised that travel insurance is available at an additional cost. I DO NOT wish to purchase this protection.**

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**CLIENTS SIGNATURE**

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**DATE**