

If paying by credit card, please complete this form and return to Someday Travel. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 125010 DEPARTURE DATE: October 1, 2	TOUR: Discover Switzerland, Austria & Bavaria GROUP NAME: Someday Travel				
Name of Passenger: Salutation: First Name: (Mr., Mrs., Rev.)	Middle Initial: Last Name: Suffix: (Please print as it appears on Passport) (Jr., Sr.)				
Cardholder Name: (Please print as it appears on you	r Credit Card)				
Cardholder Address:					
Cardholder Phone:					
Credit Card Type:American E	ExpressDiscoverMasterCardVisa				
Credit Card Number:					
Expiration Date:	Amount to be charged: \$				
Cardholder's Signature:	Date:				

I agree to pay according to the card issuer agreement. I understand and accept Collette cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information MUST be provided. Thank you for your cooperation! If using your credit card for payment, please return this Authorization Form by mail to:

Someday Travel PO Box 1454 Fond du Lac, WI 54936-1454

Above credit card information has been called in to Collette.



For Reservations Contact: Information Someday Travel, PO Box 1454, Fond	,	,	35 - www.somedaytra	vel.com email: someda	aytravel@charter.net
A deposit of \$698 per person is due upon reser March 26, 2025 are based upon availability. Fin YOUR INFORMATION:	vation. Reservations	are made on a			e after the deposit due date of
Clearly print your full name (first/middle/last) as i IMPORTANT: In order to avoid any unnecessary of the <u>legal</u> name and be 100% identical to the ID be	hange fees, it is impera	tive that all gues	at names are entered corre	ectly from the start. The inf	ormation below must be
First:	Middle:		_Last:		Suffix:
Nickname:	Gender: () Male	() Female	Date of Birth: month _	day	year
Address:		City:		State:	Zip Code:
Phone: ()	Cell: ()		Email Address:	
Passport Number:	Expiration Dat	te: (month/day	/year)	Date of Issuance: (mon	th/day/year)
City, State, Country of Issuance:				Citizenship:	
Should you become ill or injured, whom sl	nould we contact (no	ot traveling wi	ith you):	Phone: ()
ROOMING WITH: Check if address is the	e same as Passenge	r #1			
First:	Middle:		Last:		Suffix:
Air Seat Request: () Aisle () Window (Collette cannot guarantee your seat preference. If Please be advised, when travelling as part of a gro Please reserve an upgrade to Elite Airfare for Service is limited and not available on all flight flight schedule as the group. Upgraded class o Elite Air pricing (Premium Economy, Business quoted based upon availability. Are you willing to separate from the group air 'Federal law forbids carriage of hazardous materia baggage. A violation can result in 5 years' impriso http://www.tsa.gov/traveler-information/prohibited-i TRAVEL PROTECTION: () Yes, I wish to pu If you choose not to purchase Collette's Waiver Insu Fee does not cover any single supplement charge supplement will be deducted from the refund of the covered reasons. See Part B for details.) PLEASE MAKE CHECKS PAYABLE TO: Co Waiver/Insurance Amount: \$	you have not purchased up, many airlines do no an additional rate of: s or carriers. Other res f service is for the inte Class, or First Class) is schedule to accommu- ls such as aerosols, fire nment and penalties of tems." rchase travel protection rance Plan, you will incu s which arise from an in- person who cancels. (" oblette () Check (Deposit Amou	d air through Col t provide seat as provide seat as provide seat as provide seat as provide seat as rnational portion is valid until 8 r odate your upg works, lithium b \$250,000 or mo n \$549 () N r penalties for ch dividual's traveli There is coverag) Credit Card unt: \$	ssignments. Preferred sea Economy \$1,690 B apply. Please note: if you on of the journey only. months prior to departur grade request? () Yes atteries & flammable liqui re. Details on prohibited i No, I decline langes and cancellations. Ing companion electing to ge under Part B which incl	ting may be available for an usiness Class \$4,290 u purchase an upgrade, w re, after which rates are su () No ds aboard the aircraft in you tems may be found on TSA Fravel Protection Payment is cancel for any reason prior udes a single supplement b nount enclosed: \$	n additional charge. re cannot guarantee the same ubject to change and will be ur checked or carry-on 's "prohibited items" web page: is due with first deposit. The Waiver to departure. The single penefit of \$1,500 for certain
Cardholder Name (if paying by Credit Card):					
Cardholder Billing Address: 🔲 Check if addre	ess is the same as above	e			
Cardholder Phone:			Amount: \$		
Credit Card Number:				ate:	Y
Lagree to hav according to the card issuer agreem		•		Date:	acollotta com/abcut

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. See http://www.gocollette.com/aboutcollette/terms-and-conditions for full terms and conditions of your purchase.

Important Conditions: Your price is guaranteed once deposit is received and booking confirmed by Collette. Your price is not subject to increase after the deposit is received and booking confirmed, except for charges resulting from increases in government-imposed taxes or fees.