

CREDIT CARD AUTHORIZATION FORM

Company: _____ Booking Reference: _____ Consultant: _____

I, the undersigned (Print Name) _____ authorize Swain Tours to charge my credit card as follows for my and/or my companion's scheduled trip:

Credit Card: (CHECK ONE) **MASTERCARD** **VISA** **DISCOVER** **AMERICAN EXPRESS**

Card #: _____ Expiration: _____(MM/YY)

Amount: \$ _____ Plus \$ _____ Insurance (per person) x _____ people **Total Charge:** \$ _____

Billing Address: _____
(Must match cardholder-billing information)

City: _____ State: _____ ZIP: _____

CANCELLATION CHARGES (In addition to non-refundable deposit)

Independent Travel:

Days prior to departure/Cancellation charges

60 or more days \$250 per person†
59 to 1 day 25% of tour cost†
On or after departure date 100% of tour cost

Escorted Tours:

Days prior to departure/Cancellation charges

60 or more days \$250 per person†
59 to 15 days 25% of tour cost†
14 to 5 days 35% of tour cost†
4 to 1 day 60% of tour cost†
On or after departure date 100% of tour cost

†Plus any charges assessed by land suppliers, cruise companies, and airlines.

Air-only: Rules of carrier apply plus \$100 **Special events:** Based on contract

I have read, fully understand and agree with the Terms and Conditions specified on the accompanying faxed page, especially those pertaining to refunds and rights reserved by the Operator. I also have read, fully understand and agree with the cancellation charges detailed above.

The Cardholder

The Travel Agent

Date: _____

Date: _____

Name (print): _____

Agency: _____

Signature: _____

Agent: _____

Tel (Day): _____

Tel (Day): _____

Tel (Evening): _____

Agent Signature: _____

INSURANCE: Accepted Declined IATA/CLIA #: _____

***NOTE:** By signing, the Travel Agent certifies he/she has verified the cardholder's identity, has discussed the enclosed Terms and Conditions with the cardholder, and has the cardholder's name, address and signature on file for this charge.

Please submit this form together with a legible photocopy of the front and back of the card, and a photocopy of the ID page of all travelers' passports to: 6, West Lancaster Avenue, Ardmore, PA 19003. www.SwainTours.com

Terms and Conditions

PAYMENTS SHOULD BE MADE PAYABLE TO:
SWAIN
6 West Lancaster Avenue, Ardmore PA 19003

**FOR RESERVATIONS, SEE YOUR
PROFESSIONAL TRAVEL AGENT.**

PAYMENT INFORMATION

(Deposits and Final payments)

• **Independent Travel:** Travelers must pay a \$250 non - refundable deposit per person†. Final payment is due 60 days prior to departure.

• **Escorted Tours:** Travelers must pay a \$250 non - refundable deposit per person†. Final payment is due 60 days prior to departure.

• **Air Only:** Full payment of fare is required at time of reservation.

†Certain special or customized itineraries may require an additional deposit in order to confirm reservation.

General:

• **Independent Travel:** Deposit plus non - refundable insurance premium is required at time of making your reservation.

• **Escorted Tours:** Deposit plus non - refundable insurance premium is required at time of making your reservation.

• For late bookings within 30 days of departure, full payment is due immediately. An additional fee of \$50 per person will be charged for rush handling.

• All payments can be made by check or credit card.

• Credit cards will be taken for deposit and insurance payment without signature but a signed Credit Card Authorization Form is required within 7 days of such payment, which will acknowledge that the customer has read, understands and agrees to the Terms & Conditions. To receive this form, call your travel professional.

CANCELLATION INFORMATION

Time prior to departure Cancellation Charges

Independent Travel: (per person)

60 or more days \$250 per person*

59 to 1 day 25% of tour cost*

On or after departure date 100% of tour cost

*Plus any charges assessed by land suppliers, cruise companies, and airlines.

Escorted Tours:

60 or more days \$250 per person*

59 to 15 days 25% of tour cost*

14 to 5 days 35% of tour cost*

4 to 1 day 60% of tour cost*

On or after departure date 100% of tour cost

*Plus any charges assessed by land suppliers, cruise companies, and airlines.

Air-only: Rules of carrier apply plus \$100.

Special events: Based on contract

REVISIONS/CHANGES: A handling fee of \$50 per person plus any fees charged by the supplier will be charged for any alterations or revisions to a reservation. Spelling corrections to clients' names after tickets have been issued are subject to airline revision fees. A change of trip date will be treated as a cancellation and new booking and regular cancellation fees will apply.

TRIP CANCELLATION PROTECTION AND TRAVEL INSURANCE

The cost of this comprehensive program is as follows:

Tour Cost Premium

Up to \$1000 = \$89

\$1,000-\$2,000 = \$119

\$2,001-\$3,000 = \$179

\$3,001-\$6,500 = \$299

\$6,501-\$8,000 = \$439

Over \$8,000 = \$6.50 per \$100

We also offer our PREFERRED BENEFITS PROTECTION PLAN as an upgrade to the Travel Protection Plan at an additional cost of \$35 per person. The plan is available for purchase within two days of your tour deposit. Please include payment for this plan together with your deposit for the tour. Premiums are non-refundable.

A summary Description of Coverage detailing the coverage, terms, conditions and exclusions is faxed to your or your Travel Agent upon making your booking. Please review it because certain limitations and exclusions do exist, including a pre-existing condition exclusion and exclusions for some conditions such as mental/nervous disorders. To waive out of the pre-existing exclusion, you must purchase the plan within 2 days of making your initial trip payment and be medically capable of travel on the day you purchase the plan. To receive more information, ask your Travel Agent for a Description of Coverage, or call the program administrator, BerkelyCare, at (800) 453-4066.

The travel insurance benefits are underwritten by Virginia Surety, policy number HTP-03181. The program provides limited health insurance benefits and does not provide basic hospital, basic medical or major medical insurance as defined by the NY State Insurance Department. The trip cancellation provision takes effect upon receipt of payment; all other provisions take effect upon departure. This coverage is provided in excess of all other valid and collectible insurance or indemnity and shall apply only after such other benefits have been paid.

This plan was designed and is administered by BerkelyCare, a division of Affinity Insurance Services, Inc., in all states except: AIS Affinity Insurance Agency, Inc. in CA/MN/OK: and AIS Affinity Insurance Agency in NH and NY.

You will receive a Certificate of Insurance with your final documents, which describes the coverages and exclusions in detail. If you do not wish to purchase this insurance, simply deduct it from your payment.

CONSUMER DISCLOSURE NOTICE

Please read the Terms & Conditions carefully, as your deposit and payment for a trip constitutes consent to all conditions and general information contained in this brochure.

Responsibility: These trips are arranged by Swain Tours, ("Operator"). It has made the travel arrangements as agent for the transportation carriers and other suppliers of services connected with the tour ("suppliers"), all of which are independent contractors. The Operator in no way owns or operates the vehicles or facilities to be used during the trip, and does not guarantee or assume responsibility for the acts and/or omissions of suppliers, their employees, agents, etc. All bookings are accepted subject to the conditions imposed by suppliers and Operator, including airline, cruise line, rail, coach, hotel, restaurants, insurance and other companies, firms or persons concerned with the trip, and Operator will make no refund in the event of their delay, cancellation, overbooking, strike, force majeure or for elements of the package not used by customer. If there is a difference between Operators Conditions and those published by the supplier, the conditions of supplier shall apply. Price quoted is per person double occupancy, and does not include US or Foreign Government fees and taxes, airline or airport surcharges and September 11th Security Fee.

Operator reserves the right to cancel a trip, change the itinerary or adjust rates whenever in its sole judgment conditions warrant, or if Operator deems it necessary for your comfort, convenience or safety. The Operator reserves the right to adjust prices due to fluctuations in foreign exchange rates. Please note that in some cases, your airline tickets will be electronically issued in lieu of paper tickets. Car Rental and Fly/Drive programs are subject to the rental terms in the country where you start your tour. In all cases, you will need to present a current drivers license. Other conditions such as age requirements, insurance, surcharges, fuel, extra drivers etc. will be explained to you at the point of rental. You will receive a flight confirmation with your documents which you must present at the time of check-in at the airport counter with proper and valid ID such as your passport. The Operator takes no responsibility for items purchased as a result of recommendations made by a driver/guide during any tour.

Trips outside the USA require a valid passport or other acceptable forms of citizenship proof. You are responsible for, and release Operator from passport, visa, vaccination, requirements and safety conditions in travel destinations. **For medical information, call the Centers for Disease Control at 877-394-8747; for travel advisories, go to www.travel.state.gov, or call the State Department's overseas citizens service center at 888-407-4747.** The Operator reserves the right to decline to accept any person as a member of the tour, or to require any participant to withdraw from the trip at any time who presents a significant risk to the health or safety of himself or others which can not be eliminated or reduced to an acceptable level by Operator's reasonable accommodation. The Operator reserves the right to correct an error in the brochure presentation or advertised price prior to your departure. Prices in this brochure are accurate at the time of printing and are subject to change without notice due to changes in market factors including but not limited to foreign currency and supplier cost fluctuations. Prices set forth in future brochures shall supersede the prices in this brochure. Airfare quotes and prices for tours that include air in this brochure are subject to airline capacity limitations and higher airfares may apply depending on seat availability at time of reservation. A contract is made when your reservation and payment are accepted by Operator at its office, and any dispute shall be governed by Pennsylvania law and subject to the jurisdiction of Montgomery County, Pennsylvania. In calculating the cost of your trip, Operator has relied on your consent to these terms and in the absence of this release, the trip cost would have been higher. Operator reserves the right to substitute hotels of similar quality at any time or to make changes in itinerary of similar quality. Operator will not be responsible to any person for expense, loss of time, money or other circumstance resulting from a change in itinerary or change of tour arrangements. Operator also reserves the right to cancel a tour prior to departure and in such cases, all payments made to date will be refunded and shall constitute full settlement. If you purchase an airline ticket separately, ensure that your travel agent explains the conditions under which the ticket is issued, as the Operator assumes no responsibility for such airline ticket cancellation fees. Please understand that not all museums and attractions are open every day of the year. The Operator reserves the right to vary the sequence of sightseeing and/or to re-route the order of cities if that will enable you to visit all listed excursions. In either case, the itinerary content will be maintained to the best possible extent and there are no refunds for any unused or unavailable excursions. CST #2012413-20

www.SwainTours.com