This Travel Services Agreement ("Agreement") and the Terms and Conditions ("Terms") at <u>www.epicvacationplanning.com</u> become effective between Epic Vacation Planning LLC ("Agency") and you (<u>including all travelers on the same booking</u>) ("you" or "Traveler") upon your signature (electronic or written) until terminated in writing by you or Agency.

GENERAL TERMS

- Capitalized terms used but not defined in this Agreement have meanings set out in the Terms.
- By clicking the submit button or signing below, you agree to pay for all our Services.
- Planning fees, cancellation fees, change fees, and unused travel vouchers are NON-REFUNDABLE, whether or not you decide to book travel.
- All such fees are separate from the fees for your travel.

CREDIT / DEBIT CARD PAYMENT AUTHORIZATION

- By submitting your credit or debit card, you authorize Agency (or our agents) to charge such card for Services as of the payment date agreed between us.
- You authorize Agency (or our agents) to credit any amounts that have been charged in error.
- You are responsible for all amounts, including any associated costs of recovery:
 - If you close the credit or debit card account you provide to Agency;
 - o If you charge-back any fees that were validly charged under this Agreement;
 - If your credit or debit card expires; or
 - If you have provided an incorrect account number or have insufficient funds at any time (including declinations of validity charged amounts).
- In any such event, you agree Agency is entitled to withhold all Services until you satisfy all payment deficiencies.
- Agency has no obligation to refund any amounts previously paid by you as a result of suspension or termination of Services.
- You confirm that:
 - You are authorized to act on behalf of you and all travelers on the same booking.
 - You are an authorized user of this credit or debit card; and
 - You will not dispute any payment of fees under this Agreement.

Account Type: Visa	Mastercard AMEX Discover	
Cardholder Name	Card Number	
Expiration Date	Cell Phone	
Billing Address: City	State Zip	
Charge Amount:	(or maximum set limit)	
Services Description:		
Your Signature	Date	

Travel Services Agreement

Client Full Leg	al Name		
Client Address	S		
City:	State:	Zip:	
Client Phone:			
Client Email:			