



PAYMENT FORM

Traveller 1 (Name): _____ **Traveller 2 (Name):** _____

Traveller 1: \$ _____ Traveller 2: \$ _____ I would like to pay with :

_____ CREDIT CARD _____ Visa _____ Mastercard _____ American Express

IMPORTANT: Credit card payment incurs 2.9% surcharge

Your credit card statement will appear as charge from Travel Edge or name of the airline/ hotel/ tour operator/ other suppliers as applicable to your booking.

CARDHOLDER'S NAME: _____

CREDIT CARD NUMBER : _____

CREDIT CARD EXPIRY DATE : _____ 3 DIGIT NUMBER AT BACK OF CARD _____

COMPLETE BILLING ADDRESS INCLUDING POSTAL CODE _____

I, _____ (Name of Cardholder) give full authorization to The Comy Backpacker Travel & Tours/ Marianatha Tours and/ airline/ hotels/ tour operator to charge \$ _____ CAD/ USD **plus the applicable surcharge** on my credit card as **deposit/ final payment** for the for the purpose of paying for travel arrangements for the traveller/s identified in this booking. I shall not decline, reject or challenge such amount charged on my credit card. I have read, understood and agreed to the terms and conditions of this trip/ booking.

Signature / Date

TRAVEL INSURANCE WAIVER FORM

Travel insurance provides a valuable benefit to protect you from the unexpected. We want to ensure that your travels are only filled with happy and picturesque memories.

For this reason we will need you to read and understand the insurance offers whether from the vendor or third party.

Travel Medical Insurance is required for this trip. We **strongly** recommend you purchase travel cancellation/ interruption insurance.

If you choose to decline all offered protections, you assume any and all personal, mental and financial losses.

Lead Traveler's Full Name: _____

Travel Consultant's Name: _____

Travel Date: (MM/DD/YYYY) _____

Please initial by your choice and Sign Below

____ Yes, I will purchase my/ our own travel medical and trip cancellation/interruption insurance

____ No, I decline to purchase travel insurance and accept the terms.

____ Please refer me to a travel insurance agent.

I hereby agree to the terms of the above and hereby understand coverages offered of declined and understand the consequences of changes and/or cancellations.

Lead Traveler Signature/ Date