



Tour Payment Authorization

Thanks for choosing an Adventure Life journey! Please complete this form and fax or mail it back to us to charge your trip payment on your credit card.

TRIP NAME: _____ TRIP CODE: _____ START DATE: _____

Primary Trip Contact

Last Name

First Name

Billing Address for Credit Card being used

City State/Prov ZIP

Client Cancellation Policy of Adventure Life Journeys

A cancellation by the client must be made in writing. The date that Adventure Life or its agents receive the letter determines the cancellation charge applicable. Cancellation fees are as follows:

Land and Internal Air Cancellation Fees Per Person / Per Trip

Days prior to Departure	Fee
30-69	50% of total tour cost
0-29	100% of total tour cost

Please note that some Galapagos and Antarctica vessels and international cruises apply a different cancellation schedule that is listed on your invoice. In this case, the vessel's cancellation policy supersedes the information above. The client is strongly advised to take out cancellation insurance at the time of making the booking, as this will cover cancellation charges in certain circumstances.

Company Responsibility

Adventure Life Journeys acts as an agent for transport companies, hotels, and other contractors and shall not be held liable for any injury, damage, loss, delay or irregularity that may occur: including, but not limited to, flight delays and cancellation, defects in a vehicle or any other form of conveying a traveler, acts of God, government restrictions, etc.

I authorize Adventure Life Journeys to charge \$_____ (specify amount) to my credit card for my tour payment. I have read and understand the Cancellation Policy and Company Responsibility above, and I agree with the Terms and Conditions from the Registration Form. I understand that part or all of this payment is nonrefundable in the case that I decide to cancel or I cannot participate in the trip.

VISA MasterCard Discover Card Number _____

Expiration Date _____ Name as appears on card _____

Authorization Signature

_____ Date _____

Please fax to: 406-541-2676

or

Please mail to: Adventure Life Journeys
1655 S 3rd St. W, Suite 1
Missoula, MT 59801



30-69 days before departure

Tour Payment Authorization (continued)

CLIENT NAME: _____ PASSPORT/ SOCIAL SECURITY NUMBER: _____

I understand that part or all of this payment of \$_____ may be nonrefundable pursuant to the cancellation policy below, which I have read and understand.

<i>Land and Internal Air Cancellation Fees Per Person / Per Trip</i>	
<i>Days prior to Departure</i>	<i>Fee</i>
30-69	50% of total tour cost
0-29	100% of land cost

Authorization Signature:

_____ Date _____

Please include copies of your driver's license and credit card as designated below:

Front of Driver's License

Back of Driver's License

Front of Credit Card

Back of Credit Card