



## 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 Used

\_\_\_\_\_  
City State/Prov ZIP

### Client Cancellation Policy of Adventure Life Journeys

As of this date, 100% of the tour cost is non-refundable because this tour is currently less than 29 days from departure.

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 3<sup>rd</sup> St. W, Suite 1  
Missoula, MT 59801

< 30 days before departure

## Tour Payment Authorization (continued)

CLIENT NAME: \_\_\_\_\_ PASSPORT/ SOCIAL SECURITY NUMBER: \_\_\_\_\_

I understand that the amount of \$ \_\_\_\_\_ that I am charging to my credit card is non-refundable.

Authorization Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Please include copies of your credit card and driver's license as designated below:  
(Driver's license must match the name on the credit card; if using a friend or family member's card, copy his/her driver's license below)

Front of Driver's License

Back of Driver's License

Front of Credit Card

Back of Credit Card