



Credit Card Authorization

PLEASE MAKE OFFICE COPIES

BOOKING NUMBER (s) _____

TRAVEL DATE (s) _____

I the undersigned have been advised and accept Mexico Unlimited Terms & Conditions pertaining to the purchase of my vacation package.

VISA / MC / DISCOVER / AMEX # _____ SEC# _____ EXP _____

(CARDHOLDER name / please print)

(CARDHOLDER billing address including zip code)

I _____ authorize Mexico Unlimited to charge \$ _____
(CARDHOLDER signature) on the above charge card account for: **Deposit / Partial / Final Payment**
(circle one)

In the absence of the cardholder signature _____ (Travel Agency) accepts full responsibility for charges incurred in the event of their client disputing or refusing credit card charges pertaining to their vacation package.

Mexico Unlimited, Inc. General Terms & Conditions: A minimum cancellation/change fee of \$50.00 per person after deposit. Cancellations or changes after final payment has been applied will result in a minimum of \$100.00 per person penalty as well as non-refundable airfare (14 days prior to departure) as well as additional penalties imposed by hotels and/or sightseeing companies. Cancellations or changes during holiday periods carry higher penalties; these include but are not limited to a minimum of \$150.00 per person, plus hotel and air penalties.

(Please refer to Mexico Unlimited, Inc. Terms and Conditions for further details)

***Please fax or e-mail COMPLETED authorization to Mexico Unlimited
(503) 656-4963 or 1-888-656-4963 or reservations@mexicounlimited.com
(Do not send UCCF – retain for your records)***

RECOMMENDED TRIP CANCELLATION INSURANCE

Premium	Coverage
\$37.00 per person	\$0 - \$500
\$54.00 per person	\$501 - \$1000
\$68.00 per person	\$1001- \$1500

Revised 11/07

INSURANCE APPLICATION	Insurance Accepted _____ Declined _____ If accepted: please sign, date, and return this application with payment to the tour operator or travel agent. PLEASE PRINT NAME: _____ Insured 2 _____ Insured 3 _____ Insured 4 _____ Tour Operator _____ Trip Departure Date _____ Trip Return Date _____ I represent that the above information is true, and that dates and values are accurate. I have read the enclosed schedule of coverage's and understand that certain medical conditions are not covered. Direct questions regarding coverage to Insure America toll-free at: 1-888-826-1300 (product # 007540) Client Signature _____ Today's Date _____ Booking number _____ Note: Pre-existing Medical Condition Exclusion waived if insurance is purchased at time of initial deposit.
	007540-CT 8/98 TRAVELGUARD International 12/02