

Kays Tour and Cruise

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www.kaystourandcruise.com



Credit Card Authorization Form

Please fill out the form and include a legible copy of the credit card and Identification.
I, _____, Authorize Kays Tour and

Cruise to charge my Credit Card Number: _____

Expiration: ____/____ Security Code: _____

Passenger Name:

Total Amount to be charged: _____

Cardholder's Billing Address:

City: _____ State: _____

Cardholder's Phone: _____ Cardholder's Fax: _____

Card Holder's E-mail Address: _____

General Terms and Conditions:

DISCLAIMER OF LIABILITY . Kays Tour and Cruise, is acting as a mere agent for suppliers in selling travel-related services, or in accepting reservations or bookings for services that are not correctly supplied by this agency (such as air and ground transportation, hotel accommodations, meals, tours, cruises, etc.). Kays Tour and Cruise, therefore, shall not be responsible for breach of contract or any intentional or careless actions or omissions on part of such suppliers, which result in any loss, damage, delay, or injury to you or your travel companions or group members. Unless the term "guaranteed" is specifically stated in writing on your tickets, invoice, or reservation itinerary, we do not guarantee any such suppliers' rates, bookings, reservations, connections, scheduling, or handling or personal effects. Travel agent shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with terrorist activities, social or labor unrest, mechanical or construction failures or difficulties, diseases, local laws, climatic conditions, omissions, or conditions outside the travel agent's control. Traveler assumes complete and full responsibility for, and hereby releases the agent from any duty of, checking and verifying any and all passport, visa, vaccination, or other entry requirements of each destination, and all safety or security conditions at such destinations, during the length of the proposed travel. For information concerning possible dangers at international destinations, contact the Travel Advisory Section of the U.S. State Department. For medical information, call the Public Health Service. By embarking upon his/her travel, the traveler voluntarily assumes all risks involved in such travel, whether expected or unexpected. Traveler is hereby warned of such risks, and is advised to obtain appropriate insurance coverage against them. Traveler's retention of tickets, reservations, or bookings after issuance shall constitute consent to the above, and an agreement on his/her part to convey the contents hereto to his/her travel companions or group members. I have read and agree to all of the above terms and conditions.

Cardholder Signature: _____

Date: _____