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## CREDIT CARDHOLDER'S AUTHORIZATION FORM

	pprint I (name of card holder shown on cre		
hereby authorize Go To Ru	ussia Travel or its agents to charge my: _	AMEXVISA MASTERCARD	
#	Exp. date (mm/yy)	in the amount of $_{\}$	
Traveler 1:		Date of birth (mm/dd/yy)	
Traveler 2:		Date of birth (mm/dd/yy)	
Traveler 3:	Date of birth (mm/dd/yy)		
Traveler 4:	Date of birth (mm/dd/yy)		
Traveler 5:		Date of birth (mm/dd/yy)	
_	services (PLEASE SPECIFY):		
My billing address:			
My mailing address (if diff	ers from billing):		
	_ FAX: _() E-Mail:		
Your GTR account manage	er: (if anyone in particular)		

By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of card issuer.

<u>Change and/or Cancellation Policy</u>: In case of **HOTEL, VIP, TRANSFERS or other travel services** cancellation, \$15 is kept as a non-refundable cancellation fee. Cancellations for **HOTELS** must be made no later than 3 business days before date of check in, in order to avoid a penalty of the cost of one night's stay. **VISA & VISA SUPPORT** fees are non-refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee. Please contact us for details. **TICKETS** are refundable with a \$300 penalty (unless fare rules state otherwise). Return date can usually be changed with a \$150 penalty paid to the airline provided seats are available.

Date:

(Signature of cardholder)

## PLEASE FAX US THIS FORM BACK ALONG WITH A LEGIBLE COPY OF YOUR CREDIT CARD (FRONT AND BACK) AND YOUR PHOTO ID