

McAbee Tours Credit Card Form (fax to 770-393-0084)

Travel Agent (you):	
McAbee Agent:	
Booking Locator:	
Travel Agency Name:	
Passengers Name:	
Passengers Phone:	
Cardholders Name:	
CC Billing Street:	
Billing City/State/Zip:	

Credit card#			Exp date:
Amount per Adult: _____	Amount per Child: _____	Amount per Infant: _____	Total: _____ Total amount in USD for the airline tickets and other travel arrangements that I have verbally discussed with them.
McAbee Fees:	1) Cancel/change penalty is \$_____ / PP 2) Airline fee of \$_____ or Non-refund_____ (please initial)		
I have been advised of all fees with these tickets and am aware that tickets are non-endorsable to any other carrier, tickets are non-transferable to any other person, no refund for "no-show" (failing to use and failure to cancel) and reconfirmation of return flight is mandatory.			
I do authorize McAbee Travel Inc (DBA McAbee Tours) to charge my credit card number and take full responsibility for the above mentioned charges.			
Signature:			
For the travel agent: I have checked and verified the above mentioned cardholders signature and identification.			
Agent Signature:			
Seat request: (not guaranteed) Win / Aisle / Frequent flyer#			