



International Travel Associates, Inc.

**The staff at the Travel House of Quincy wants to make sure that your travel plans are accurate. Please check the attached information upon receipt and verify all information is correct. The Travel House of Quincy will not be responsible for omissions or errors if not brought to our attention immediately. Payment must be received by the due date to avoid vendor cancellation.**

- Correct legal names as they appear on your valid driver's license/ID card (domestic travel) \_\_\_\_
- Correct legal names as they appear on your passport (international travel) \_\_\_\_  
My passport is valid for 6 months after return from travel \_\_\_\_  
I verify that it has 2 or more empty pages \_\_\_\_
- Dates of travel \_\_\_\_
- Flight times \_\_\_\_
- Car rental/transfer information \_\_\_\_
- Hotel information \_\_\_\_
- Make sure you know what penalties apply \_\_\_\_
- You have information about travel insurance options \_\_\_\_

**Please fax, email or mail the following to our agency:**

- The completed Waiver Form
- A photocopy (front and back) of your credit card
- A photocopy of your driver's license
- A photocopy of your passport

### Waiver Form

I hereby verify that I have reviewed my travel itinerary for accuracy. I have been advised of all applicable fees imposed by Travel House of Quincy and the suppliers, plus I have been offered the option of purchasing trip cancellation/interruption insurance. I understand that discounted fares and vacation packages typically involve restrictions and that changing any aspect of my travel arrangements may result in the payment of additional money.

I authorize my \_\_\_\_\_ credit card to be charged in the amount of \$\_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_ CVV \_\_\_\_\_

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Travel Agent name

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