

**“HIBBERT FAMILY REUNION”**

**CREDIT CARD CHARGE AUTHORIZATION**

**JAMAICA TOURS LIMITED**

1207 PROVIDENCE DRIVE, IRONSHORE

P. O. BOX 227

MONTEGO BAY, JAMAICA W. I.

TEL. (876) 953 3700 x 244 FAX. (876) 953 2107

E-MAIL: [jtadmin@jamaicatoursltd.com](mailto:jtadmin@jamaicatoursltd.com)

**FOR VISA, MASTER CARD OR AMERICAN EXPRESS ONLY. PLEASE OBTAIN CARDHOLDER'S SIGNATURE ON THIS FORM AND RETURN WITH COPY OF THE CARDHOLDER'S DRIVER'S LICENCE OR OTHER PROOF OF SIGNATURE IN ORDER TO VERIFY AUTHORIZATION.**

**I hereby authorize one of the selected entities mentioned above to charge my credit card for travel expenses in the amount listed below. The issuer of this card is authorized to pay the amount shown upon presentation. I agree to pay such amount (together with any other charges due thereon) subject to, and in accordance with, the agreement governing the use of such card.**

**NOTE: Identification is required. Please provide Photostat of the credit card (front & back) and Passport or Driver's License of Cardholder.**

**ROUNDTRIP RATES: Adults - \$30.00 US**

**Children 3 – 11 - \$15.00 US**

**COMPLETE ALL BLANKS, SIGN AND RETURN**

DATE OF CHARGE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

VISA

MASTER CARD

AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

FOR: \_\_\_\_\_

(FULL NAME (S) OF PASSENGERS (S) IF OTHER THAN CARDHOLDER)

PRINT NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

(BOOKING # TO BE SENT)

## **TRANSPORTATION BOOKING FORM**

NAME OF GUESTS:

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# OF PERSONS IN THE PARTY: \_\_\_\_\_

HOTEL: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_

ARRIVAL FLIGHT INFORMATION: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

DEPARTURE FLIGHT INFORMATION: \_\_\_\_\_

### **TYPE OF TRANSFER REQUIRED:**

- Regular bus (traveling with other guests to the Hotel)
- Private Bus (Exclusive Transfer)
- Private Car (Exclusive Transfer)
- Lincoln Town Car (Exclusive Transfer)

### **CANCELLATION POLICY:**

Cancellation of 48 hours or more, full refund  
Less than 48 hours, but more that 24 hours – 50% refund  
No refunds on notice less than 24 hours

Please fill out the information outlined and return to us by fax. Our fax number is (876) 953 2107.