

Authorization for American Express Credit Card Charge and Waiver Form

Platinum Travel Systems, Inc.
11208 Florindo Road • San Diego, CA 92127 • USA
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RETURN THIS COMPLETED and SIGNED FORM TO FAX NO. (858) 672 -4505

Destination: _____

1. Passenger Name: _____ **Passport #** _____

2. Passenger Name: _____ **Passport #** _____

3. Passenger Name: _____ **Passport #** _____

4. Passenger Name: _____ **Passport #** _____

Travel Dates: _____

Amount: \$ _____ **Plus Taxes/Fees = TOTAL AUTHORIZED: \$** _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ (Month/Year)

Name of Cardholder: _____ (Exactly as on Card)

Signature of Cardholder: X _____

Billing Address of Cardholder: _____

City/State/Zip: _____

Toll-Free Number on the Back of Credit Card: () ____ - ____ (Customer Service)

Booked By: _____ **PTS, INCORPORATED** _____

Address: _____ **11208 FLORINDO ROAD** _____

City/State/Zip: _____ **SAN DIEGO, CA 92127** _____

Telephone: 858-672-4533 **Fax:** 858-672-4505 **E-Mail:** CPINTO@PTSINCORPORATED.COM

The agent certifies and/or the customer acknowledges that the terms and conditions under which the discounted travel arrangements are being offered and purchased have been explained to the customer/passenger(s) (including the strict cancellation policy governing such arrangements, the non-transferable nature of the arrangements and/or other restrictions). The customer authorizes the charge(s) as indicated and waives the charge back option. Furthermore, the customer(s) accepts full responsibility for any charge back disputes and other non-payment issues.

X _____
Signature

X _____
Date

X _____
Telephone Number