

## Independent Travel Service Request Contract

Name of Traveler (Our Contact for the Service Requests):

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Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Home or Mailing Address of Contact Person:

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Names of Travelers: Indicate ages of minors: \_\_\_\_\_

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Cruise Line / Company: \_\_\_\_\_

Cruise Ship or Boat Name: \_\_\_\_\_

Names of Ports in consecutive order: \_\_\_\_\_

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Cell Phone Number While Abroad: \_\_\_\_\_

How did you hear about us?

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Do you have any health issues or mobility limitations? \_\_\_\_\_ If yes, please describe.

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# SERVICE REQUESTS

**PLEASE NOTE:** REQUEST BEFORE YOUR TRIP TO BE THE FIRST TO DEBARK THE SHIP AT PORTS YOU HAVE SERVICES

FILL IN APPLICABLE INFORMATION.

## TRANSFER ONLY REQUESTS:

**Transfer Request #1:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_ **Time of Service:** \_\_\_\_\_

**Pick-Up Port / Point:** \_\_\_\_\_

**Date and Time of Cruise ship Arrival:** \_\_\_\_\_

**Drop- Off Port / Point:** \_\_\_\_\_

**Date and Time of Cruise ship Departure:** \_\_\_\_\_

**Transfer Request #2:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_ **Time of Service:** \_\_\_\_\_

**Pick-Up Port / Point:** \_\_\_\_\_

**Date and Time of Cruise ship Arrival:** \_\_\_\_\_

**Drop- Off Port / Point:** \_\_\_\_\_

**Date and Time of Cruise ship Departure:** \_\_\_\_\_

## TOUR ONLY REQUESTS:

**Tour Name:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Number of Travelers:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Pick-Up Port:** \_\_\_\_\_

**Date and Time of Cruise ship Arrival:** \_\_\_\_\_

**Drop- Off Port:** \_\_\_\_\_

Date and Time of Cruise ship Departure: \_\_\_\_\_

Special Requests: \_\_\_\_\_

**Tour Name:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

Number of Travelers: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Pick-Up Port: \_\_\_\_\_

Date and Time of Cruise ship Arrival: \_\_\_\_\_

Drop- Off Port: \_\_\_\_\_

Date and Time of Cruise ship Departure: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

**Tour Name:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

Number of Travelers: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Pick-Up Port: \_\_\_\_\_

Date and Time of Cruise ship Arrival: \_\_\_\_\_

Drop- Off Port: \_\_\_\_\_

Date and Time of Cruise ship Departure: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

**Tour Name:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

Number of Travelers: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Pick-Up Port: \_\_\_\_\_

**Date and Time of Cruise ship Arrival:** \_\_\_\_\_

**Drop- Off Port:** \_\_\_\_\_

**Date and Time of Cruise ship Departure:** \_\_\_\_\_

**Special Requests:** \_\_\_\_\_

\_\_\_\_\_

**For reservations, please print a copy of this form, sign where appropriate and mail it into our office. We suggest you alert us via email or call us to make sure we get your requests. For urgent requests, fax the form and call our office to alert us of your fax.**

## **Payment**

**We accept CREDIT CARDS for the required deposits.**

**Note that remaining balance is due at the time of service and is payable directly to our guides.**

**PLEASE DO NOT EMAIL YOUR CREDIT CARD INFORMATION TO US.  
EMAIL SYSTEMS ARE NOT SECURE.**

**We accept Visa and Master Card Only**

**Name on Account:** \_\_\_\_\_

**Card Type:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Billing address, if different than your mailing address. (For credit card approval.)**

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## **Independent Travel Service Request Contract**

**NOTE: FOR SECURITY REASONS, PLEASE DO NOT EMAIL WELL ARRANGED TRAVEL YOUR CREDIT CARD INFORMATION. PLEASE FORWARD US THE INFORMATION VIA FAX OR PHONE.**

*In a hurry? You may email or call in your request to us. You may authorize us to charge your credit card for the deposit requirement via email but we will still need a signed copy of this form fax into our office.*

### **AGREEMENT:**

**I authorize Well Arranged Travel, Inc. to charge my credit card for the required non-refundable deposit(s), as needed to secure our service requests.**

**Furthermore, I understand my deposit is non-refundable and changes or cancellations 30 days or less (and 60 days or less for groups larger than 8 people) before my service dates will result in my credit card being charged for the remaining balance(s) due for each tour I booked. The total balance due for all the services I book is my responsibility.**

**All changes made 30 days or less (60 days or less for groups larger than 8 people) from the service date(s) will be treated as new booking(s); to make any changes to the original service request, the original service request is cancelled with the deposit forfeited then a new booking is made. New deposit(s) will be required to book the new service. NOTE: PLEASE PLAN CAREFULLY. PLEASE DISCUSS THIS WITH US, IF THIS IS UNCLEAR.**

**I READ AND ACKNOWLEDGE THE TERMS OF THIS CONTRACT.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_