

Independent Travel Service Request Contract

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

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email Address: _____

Home or Mailing Address of Contact Person:

Names of Travelers: Indicate ages of minors: _____

Hotel or Address In Europe: _____

Hotel or Apartment Phone Number: _____

Cell Phone Number While Abroad: _____

How did you hear about us?

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

TRANFERS SERVICE REQUESTS

Transfer Request #1: _____ **Cost:** _____

Date of Service: _____ **Time of Service:** _____

Pick Up Point: _____

Drop Off Point: _____

Carrier/Airlines or Train: _____

Flight Number/Train Number: _____

Arrival Time: _____ **Departure Time:** _____

Departure Cities and Airport Connections (Cities):

Connection information is critical for in-coming flight, please indicate below.

Transfer Request #2: _____ **Cost:** _____

Date of Service: _____ **Time of Service:** _____

Pick Up Point: _____

Drop Off Point: _____

Carrier/Airlines or Train: _____

Flight Number/Train Number: _____

Departure Cities and Airport Connections (Cities):

Connection information is critical for in-coming flight, please indicate below.

PRIVATE TOURS SERVICE REQUESTS

Tour Name: _____ **Cost:** _____

Number of Travelers: _____

Date of Service: _____

Pick-Up Point: _____

Drop Off Point: _____

Special Requests: _____

Tour Name: _____ **Cost:** _____

Number of Travelers: _____

Date of Service: _____

Pick-Up Point: _____

Drop Off Point: _____

Special Requests: _____

For reservations, please print a copy of this form, sign where appropriate and fax 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. Please note that in Italy and some parts of France, local services may require cash-only payments.

Note that remaining balance, if any, is due at the time of service and is payable directly to our guides and/or drivers.

**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.)

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.

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.

I understand my deposit is non-refundable. Changes to services I already booked may cause me to forfeit deposits I have already made. I understand that all deposits are non-transferable and that they cannot be applied to any new bookings.

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. In this case, a change(s) will result in a new booking which requires a new non-refundable deposit, as the previous deposit from the original booking is forfeited. The total balance due for all the services I book is my responsibility.

NOTE: PLEASE PLAN CAREFULLY. PLEASE DISCUSS THIS AGREEMENT WITH US, IF IT IS UNCLEAR.

I READ AND ACKNOWLEDGE THE TERMS OF THIS CONTRACT.

Signature: _____ Date: _____