

# **UNIVERSAL TRAVEL**

**4400 47<sup>TH</sup> AVE**

**SACRAMENTO, CA-95824**

**PHONE:916-429-2711**

**FAX:916-429-1910**

## **REFUND AUTHORIZATION FORM**

I \_\_\_\_\_ the credit card holder hereby authorize **UNIVERSAL TRAVEL OR DESIGNATED SUPPLIER BY UNIVERSAL TRAVEL TO CHARGE MY CREDIT CARD** as per particulars below. I fully understand and agreed on the refund process and restrictions on the ticket(s) already **Explained** to me by **UNIVERSAL TRAVEL AGENT**. I am also fully responsible for **any Charge back dispute and Non-payment to Credit card company or Issuing Bank**.

Please fill out this form and **FAX BACK on the same day**.

**PASSANGER NAME:**

**TICKET NO:**

**CREDIT CARD NO:-**

**Exp Date:** \_\_\_\_\_

**TOTAL PRICE CUSTOMER PAID :**

**TOTAL PENALTY ON THE TICKET IS:**

**INITIAL CHARGE ON CREDIT CARD :**

**TOTAL CREDIT AMOUNT WILL BE :**

**CARD HOLDER BILLING ADDRESS :-** \_\_\_\_\_

**Card Holder's Home Ph :-** \_\_\_\_\_ **Work Ph :-** \_\_\_\_\_

**Name of the Credit Card issuing Bank / Co. :-** \_\_\_\_\_

- Refunds may take up to eight weeks from the date of request.
- I am aware of the penalty and authorize Universal Travel to process my ticket for refund and release space.
- If your ticket is refundable or changeable, it must be cancelled more than 24 hours before schedule departure to be eligible for REFUND or DATE CHANGE.
- I am aware that my ticket may only be valid for one year from the date of issue and all travel may need to be completed within one year from the date of issue of this ticket

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_