



13 Sky View Drive
North Haledon, NJ 07508
Tel: (973) 636-6660
Fax: (973) 636-6668
Email: info@right-travel.com
Website: www.right-travel.com

CREDIT CARD PAYMENT FORM

Kindly complete this form by filling in the fields, printing the page, and signing. Then either fax or mail to Right Travel

Passenger name(s) _____

Reservation # _____ Travel Date: _____

Amount Agreed: \$ _____

Cardholder (print name): _____

Home Phone: _____

Cardholder billing address Street: _____

City: _____ State _____ Zip _____

Card #: _____

Security Code # _____ Expiration Date _____

Type of Card (Circle one) • Visa • MasterCard • Discover

Your signature will consider as your agreement on all of Right Travel terms & conditions listed in our web site.

(The form will NOT be accepted if you cross or modify any of the following terms)

- I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited.
- I understand that the names printed on this invoice must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and higher airfares or denial of services.
- I understand that all disputes concerning this contract shall be resolved by binding arbitration according to the current rules of the American Arbitration Association in NJ, and any such arbitration must take place in Passaic County, NJ.
- I understand that I have been offered the option to purchase travel insurance.
- I have read and agreed in full to all Right Travel terms and conditions including the terms of cancellation policies which may be reviewed above or at www.right-travel.com/terms.php. By Signing below and authorizing payment, I agree to all Right Travel Terms & conditions.

Cardholder's Signature: _____

Name (printed) _____ Date: _____