

AGREEMENT TO PAY CREDIT CARD CHARGES

TOUR PARTICIPANT CREDIT CARD AGREEMENT

I understand that my application is subject to acceptance and confirmation by Delmar Enterprises Ltd d/b/ a DelSol. I have read the DelSol Participant Agreement, and I agree to all terms and conditions of the participant agreement. I am authorized to act for all passengers listed. If notice of cancellation is received 35 or fewer days before planned departure, the package is 100% **NONREFUNDABLE**. I understand there are **NO REFUNDS** for late arrivals, no show for flights, motor coaches or hotel. I understand there are **NO REFUNDS** for late arrivals, no show for flights, motor coaches or hotel. I authorize and acknowledge that my Credit Card will be charged for the services provided by Del Sol and handled by their authorized agent **WorldPay Inc., a credit card processor located in Great Britain (England or United Kingdom) or Pay Pal.**

Please completely Print or Type all the following Credit Card information:

Charge Payment amount of: \$ _____

Type of Card (required) _____

Names of those travelers that the payment is covering

1. _____
2. _____
3. _____
4. _____

DeSol Cancellation and Refund Policy

*A cancellation will incur a \$50.00 p.p. cancellation fee if cancelled up to 35 days prior to scheduled departure.

*A cancellation will incur a 100% cancellation fee if cancelled within 35 days of scheduled departure.

***NO REFUND** for unused Air packages or Ski packages.

***NO REFUND** for Unused hotel stay.

*Name Changes for motor coach tours are allowed for a fee of \$25.00

*3.5% service fee will apply for each individual using a credit card for payment.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CANCELLATION AND REFUND POLICY, AND AGREE TO PAY IN FULL ALL AMOUNTS CHARGED TO MY CREDIT CARD IN ACCORDANCE WITH THE DELSOL EVENT PARTICIPANT AGREEMENT.

Credit Card Number: _____

Expiration Date: _____

Cardholder Signature (REQUIRED to Process): _____

Billing Address of Card holder:

City _____

State _____ Zip _____ Date: _____

PLEASE FAX THIS AGREEMENT ALONG WITH A PHOTOCOPY OF BOTH SIDES OF THE CREDIT CARD USED TO DeSol T@ 1.866.686.1631