

## **Thank You For Your Payment**

## Reservation # 121080

To: Daniels, Richard

Attn: Daniels, Richard

5150 Project Road

## Ash, NC 28420

Thank you for choosing Gate 1 Travel. Before reviewing your invoice for accuracy, please note the following important information in preparation for your trip.

**Travel Protection Plan** - Insurance: Personal emergencies that affect your travel plans may add to the cost of your trip. Comprehensive trip insurance is therefore highly recommended. Your premium is related to your trip cost, so you don't have to be worried about being over-insured. Please visit www.gate1travel.com/insurance.htm for more information. Travel Protection may not be purchased after final payment has been made.

Airline Fuel Surcharges: If you purchased airfare, airline fuel surcharges are included. However, they are subject to change without notice due to fluctuating oil prices and we reserve the right to amend your airfare in the event of airline-imposed increases. To avoid potential increases, you may choose to accelerate your final payment in order that your tickets may be issued. Once issued, airline tickets are no longer subject to potential increases but are fully non-refundable.

**Passports & Visas:** You are responsible for obtaining the proper travel documents for the destinations on your itinerary. Please check with the respective consulate(s) or visa agency to determine current entry requirements. Visit www.gate1travel.com/Visas.htm for more information.

**Contact Us:** For questions regarding your upcoming trip, please provide your Gate 1 Travel reservation number in the subject line of your message to service@gate1travel.com.

**Cancellation:** Please be aware that once full payment has been made, a minimum penalty of 50% will apply. Check http://www.gate1travel.com/terms.html for complete details.

**Final Payment & Travel Documents:** Once full payment has been completed, you should expect your documents to be sent electronically or by mail 21 days prior to departure for delivery approximately 14 days prior to your departure date. If your invoice reflects a balance due, please be sure to have final payment to Gate 1 by the final due date indicated on the invoice. In order to complete payment online, a valid Credit Card will be required.

#### **Payment Options**

There are three easy ways to make payment(s):

#### 1. Complete Your Payment Online:

To apply a payment online by credit card, please visit www.gate1travel.com/tts/res and follow the easy and secure 4 step process.

#### 2. Mail your Payment to: Gate 1 Travel, P.O. Box 889, Glenside, PA 19038.

Payments by mail should be returned along with:

- (a) Signed check or completed passenger(s) Credit Card Form
- (b) Passenger(s) Agreement initialed, signed and dated.
- 3. Submit your Credit Card Payment via Fax to: (215) 886-2228:
- Your fax should include the following pages:
  - (a) Completed passenger(s) Credit Card Form
  - (b) Passenger(s) Agreement initialed, signed and dated



## **Reservation # 121080 - 3**

Customer #: 178390
Daniels, Richard
5150 Project Road

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 Passengers:
 No. Passengers: 2

 Daniels, Richard - Adult Flight itin:3TEJKD

 Cole, Sandra - Adult Flight itin:3TEJKD

Ash, NC 28420

Attention:Daniels, RichardBook Date:6 Jan 07Res Agent: Direct

Date	Item	Day/Nt	Qty	Price	Total
25 Oct 07	The Deal 10407 - Ecuador	1	2	-400.00	-800.00
	6 Day Ecuador & Galapagos - Based on two adults sharing room - Adult	6	2	1439.00	2878.00
25 Oct 07	Ecuador departure Tax of \$26 to be paid locally.	1	2	0.00	0.00
	Galapagos National Park Fee	1	2	100.00	200.00
25 Oct 07	Travel Protection for Tours over \$1500 - Adult	1	2	79.00	158.00
25 Oct 07	Airport Taxes, Fees and September 11th Security Fee	1	2	56.20	112.40
	Package Airfare - Adult 3TEJKD	1	2	410.00	820.00
		US\$ Total: 3,368			3,368.40

Departure Date	Flight #	Airline	Origination / Destination	Class	Stat	Arrival Date	Seats
Flight Itin: 3TEJKD							
25 Oct 07 15:30	301	СМ	Miami, FL / Guayaquil	S	ΗК	25 Oct 07 21:44	2
30 Oct 07 07:33	300	СМ	Guayaquil / Miami, FL	S	нк	30 Oct 07 13:40	2



## **Passenger(s)** Agreement

## Passenger(s) please initial each box, sign and submit with your payment. Travel documents will be sent once this form has been received by Gate 1 Travel.

\_\_\_\_\_ 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 then current rules of the American Arbitration Association in PA, and any such arbitration must take place in Philadelphia County, PA.

\_\_\_\_\_ I understand that I have been offered the option to purchase travel insurance. If I purchased supplemental Cancel For Any Reason protection, I must cancel 72 hours prior to departure to qualify for a travel credit under the terms of the program.

\_\_\_\_ I have read and understood all terms and conditions including the terms of cancellation policies which may be reviewed at www.gate1travel.com/destinations/terms.html. My payment and signature below constitute acceptance of those terms.

\_\_\_\_ I understand that Gate 1 Travel is not responsible for penalties incurred for tickets, international or domestic, not issued by Gate 1 Travel due to schedule and/or flight changes.

Signature	Date
<b>o</b>	

Name (printed)\_\_\_\_\_

<b>Reservation Number:</b>	121080 - 3		
Payment Due By:	10 Sep 07		US\$ Total:
		Total.	3368.40
Please return page with	payment to:	Received	200.00
GATE 1 Ltd			200.00
101 Limekiln Pike		Due	3168.40
Glenside, PA 19038			

# **CALE** 101 Limekiln Pike • Glenside, PA 19038 • www.gate1travel.com

## THIS SECTION TO BE COMPLETED BY THE CARDHOLDER

Passenger Name(s):				
Reservation #:	Amount Authorized to charge: \$			
Cardholder Name (Must be one of the passengers traveling) - please print:				
Cardholder Billing address: S	reet:			
City:	State:Zip:Country:			
Home Phone:				
Card #:	Exp. Date:			
Security Code #:				
Type of Card: ( ) Vis	a ( ) MasterCard ( ) American Express ( ) Discover			
	stood all terms and conditions including the terms of cancellation policies /ww.gate1travel.com/destinations/terms.html. My payment and signature e of those terms.			
Cardholder's Signature:	Date:			

Fax to GATE 1 at 215-886-2228 or mail to: Gate 1 Travel, 101 Limekiln Pike, Glenside, PA 19038