

**Please submit this form with every refund request.
NO REFUNDS ARE ACCEPTED WITHOUT THIS FORM**

REFUND REQUEST FORM

From: _____
Agency name

Please process refund for the following tickets:

Tkt# _____ Passenger Name _____

Tkt# _____ Passenger Name _____

Tkt# _____ Passenger Name _____

Reason for refund _____

Recall commission _____ Payable by Check, Credit Card

DTT processing fee _____ Payable by Check, Credit Card

Upfront penalty (if applicable) _____ Payable by Check, Credit Card

If anything from the above is payable by Credit Card please fax us 212-481-5516 authorization letter, light copy of the CC front and back and CC holder picture ID and call us to verify all information.

If you pay by check, please fill out the information below.

Total _____ Check # _____

Date _____