

# L & M Tours Reservation Form

6812 3rd Avenue Brooklyn, NY 11220

Tel: 718-238-2284 Fax: 718-238-2245

Website: www.lmtours.net Email: reservations@lmtours.net

Customer ID (if applicable): \_\_\_\_\_

Name(s): \_\_\_\_\_

Please list additional name(s), pick up(s) or information on the back of this form, or on a separate page.

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tour Name: \_\_\_\_\_

Tour Date: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_

Day Tour Charge	Multi Day Tour Charge
Adult \$ _____ x _____ = \$ _____	Single \$ _____ x _____ = \$ _____
Child \$ _____ x _____ = \$ _____	Double \$ _____ x _____ = \$ _____
Travel Insurance \$ _____ x _____ = \$ _____	Triple \$ _____ x _____ = \$ _____
Total Cost \$ _____	Quad \$ _____ x _____ = \$ _____
Payment Methods: <input type="checkbox"/> Check or Money Order <input type="checkbox"/> Visa or Master Card	Travel Insurance \$ _____ x _____ = \$ _____ Total Cost \$ _____ I would like to pay for <input type="checkbox"/> full payment or <input type="checkbox"/> deposit (\$100.00 per person).

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Three Security Digits: \_\_\_\_\_

Name appears on credit card: \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\* For credit card holders, by signing above, you have read and accepted the terms and conditions outlined in the current L & M Tours brochure, and authorize L & M Tours to charge the total cost of tour price to your credit card, and decline the right to charge back. This signature may be retained for future telephone/mail/email authorized credit card transactions by the signatory of the credit card and permits L & M Tours to charge the said card for the agreed amount based on the order and instructions.

Would you like to receive additional reservation forms?  Yes  No

How would you like your boarding ticket to be sent?  Mail  Email  Fax

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