

HAWAII - SEPTEMBER 26 to OCTOBER 8, 2010 CRUISE APPLICATION

PLEASE MAIL YOUR APPLICATION AND PAYMENTS TO: PARADISE VACATION AND TRAVEL CO., INC.
5725 MISTY HILL COVE, AUSTIN, TEXAS 78759 PHONE (512) 418-0290 - FAX (512) 418-0573
E-MAIL: PARADISE@AUSTIN.RR.COM with any questions or requests.

A \$400.00 per person CRUISE DEPOSIT IS REQUIRED WITH THIS APPLICATION

I ELECT TO MAKE ALL PAYMENTS BY CHECK I ELECT TO MAKE ALL PAYMENTS BY CREDIT CARD

NAME ON THE CREDIT CARD: _____ SIGNATURE OF OWNER: _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ SEC.CODE _____

I WISH TO MAKE EQUAL MONTHLY PAYMENTS OF MY BALANCE DUE THROUGH JUNE 30, 2010

I WISH TO MAKE 4 PAYMENTS OF MY BALANCE DUE BETWEEN NOW AND JUNE 30, 2010

PAYING IN FULL NOW

FULL LEGAL NAMES AS THEY APPEAR ON YOUR PASSPORTS. ARE YOU U.S. CITIZENS ? YES _____ NO _____

(1) _____ M F DATE OF BIRTH: _____

(2) _____ M F DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # _____ WORK PHONE # _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE # _____

Paradise Vacation and Travel Co., Inc. is an agent only for its principals, the airlines, hotels, cruise operators, tour operators, motor coach operators and other suppliers of travel arrangements, accommodations, and entertainment services throughout the world, and, as an agent, is not and can not be held liable for any negligence or wrongful acts, errors, or omissions on the part of any such supplier of travel arrangements, accommodations, or services which may result in any Death, Damage, Loss, Injury, Delay or Inconvenience to you. Your purchase and retention of airline and/or cruise tickets or other travel documents from Paradise Vacation and Travel Co., Inc. or the use of reservations for travel accommodations procured from this agency constitutes an acknowledgement of and consent to the forgoing limitation of liability.

CHECK YOUR PREFERENCE:

INSIDE CABIN @ \$1,001.43 PER PERSON DOUBLE OCCUPANCY

BALCONY CABIN @ \$1,221.43 PER PERSON DOUBLE OCCUPANCY

I/WE WILL NEED FLIGHTS TO HONOLULU AND FROM CALIFORNIA. CITY FROM & TO: _____

I/WE WANT TO STAY IN HONOLULU BEFORE THE CRUISE. # OF DAYS: _____

I/WE WILL APPLY FOR TRAVEL INSURANCE PROTECTION I/WE DECLINE TRAVEL INSURANCE

ARE THERE ANY SPECIAL MEDICAL CONDITIONS, OR DIETARY NEEDS WE SHOULD BE MADE AWARE OF?
PLEASE LIST: _____

SIGNATURE: _____ DATE: _____

Signature authorizes Paradise Vacation and Travel Co., Inc. to process credit card charges for all amounts when due. Additionally, by your signature above you agree that you understand the terms and conditions for notification in writing of any changes and or cancellations/penalties as well as your responsibility to have the proper travel documents and punctuality for flights and scheduled sailings.