



CST # 2117495-40

REFUND AUTHORIZATION FORM

I _____ the credit card holder hereby authorize **Wish My Trip**
TO REFUND MY CREDIT CARD OR DESIGNATED SUPPLIER BY WISH MY TRIP TO REFUND MY CREDIT CARD as per particulars below. I fully understand and agree on the restrictions on the ticket(s) already **Explained or Faxed/E-mailed** to me by **WISH MY TRIP AGENT**. I am also fully responsible for **any Charge back dispute and Non-payment to Credit card Company or Issuing Bank**.

Please verify all the names and Refund amount, Please fill out this form and **FAX BACK** with the copy of your **ID / DRIVER'S LICENCE**.

Passenger(s) Name: _____ eTICKET NO. _____ Reservation No. _____

TOTAL AMOUNT PAID : _____

TOTAL REFUND AMOUNT: _____

INITIAL CHARGE TO PROCESS REFUNDI : _____

TOTAL REFUND ON CREDIT CARD : _____

Credit Card Holder Name : _____

Credit Card No : _____ **Exp Date:** _____

Billing Address : _____

Phone No : _____

- Refunds may take up to Ten(10) weeks depending on the airline.
- I am aware of the penalty and authorize Wish My Trip to cancel my reservation.
- If your ticket is refundable or changeable, it must be canceled more than 24 hours before schedule departure to be eligible for REFUND or DATE CHANGE.

I am aware that my ticket may only be valid for one year from the date of issue and all travel may need to be completed within one year from the date of issue of this ticket(s).

Card Holder Signature _____ **Date** _____