



CST 2043262-40

Web: [www.LNMTravel.com](http://www.LNMTravel.com) Phone: 714-968-2444 Fax: 714-439-1229 email: [info@LNMTravel.com](mailto:info@LNMTravel.com)

Plan To Go Form for Custom Vacation Itineraries

Your initial consultation is complimentary. The next step: in order to perform the professional services required to plan and book your custom vacation, a deposit is required. During Holiday period full payment is required and is completely non-refundable once final payment is received confirmed. Because your vacation is an investment of your time and money and is of great value, we offer and highly recommend you purchase Travel Insurance.

When you purchase your vacation through L & M Travel you can travel with confidence. Rest assured we book only through industry-recognized companies we trust from past experience. We see to it that your vacation meets your needs, we contact suppliers, we coordinate transportation, and we draft your itineraries. You will have vouchers, and have a complete, coordinated vacation itinerary. Your final itinerary and documents will give you as smooth a vacation as is possible. All vacations arranged through L & M Travel offer peace of mind, as we are a member of the Consumer Restitution Fund and a Registered Seller of Travel in the State of California. We are also licensed, bonded and are insured. 100% of your funds are applied toward the cost of your vacation.

Optional Vacation plan coverage\* Please see our website at [www.LNMTravel.com](http://www.LNMTravel.com) please click on the insurance button on the upper right side of our homepage for further information.

Deposit required \_\_\_\_\_ Final Payment Due \_\_\_\_\_

Plus Optional Insurance \$ \_\_\_\_\_ = TOTAL DUE: \$ \_\_\_\_\_

If paying by check, Please make your check payable to L & M Travel.

Credit Card Payments: Type of Credit Card: Master Card, VISA, American Express, Discover Card.

Account #: \_\_\_\_\_ Exp. / / \_\_\_\_\_ Number on back of card \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Amount to Charge \_\_\_\_\_ For the following persons traveling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Also read and sign the statement below:

Agency Disclosure

I authorize *L & M Travel* to act as Agent for the airline, tour company, cruise line or other supplier as indicated in the documents, brochures, correspondence or other communication that I will use for travel. I understand these suppliers are actually responsible for providing the travel services I will purchase. I consent to and request the use of those suppliers. I accept that *L & M Travel* is not responsible for, nor will I attempt to hold it liable for, any injury, damage, or loss I suffer for any conditions, actions, or omissions that are beyond the reasonable control of *L & M Travel*. I understand that if traveling internationally I must have a valid passport and, depending on my destination and the origin of my passport, I may need to obtain a visa. *L & M Travel* will advise me of the supplier's refund, change and cancellation fees and penalties. I am aware that the airline tickets, especially holiday and discounted fares, may be subject to the loss of some or all of the fare, or require the expenditure of additional money, if I elect to change or cancel this reservation.

*L & M Travel* reserves the right to retain \$35.00 per person in non-refundable fees for fly/drive vacations and \$50.00 per person land inclusive and cruise vacations should your vacation be cancelled. I fully understand the terms and conditions of such penalties. I understand that my vacation is of value and that in order to protect it I am advised to purchase sufficient travel insurance to cover my vacation. I will review my travel documents upon receipt for accuracy, and understand I may contact *L & M Travel* if I have any questions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial to either: Accept Travel Insurance \_\_\_\_\_ Decline the Travel Insurance \_\_\_\_\_ \*

\*(By my declining this insurance coverage I accept any financial loss and accept full responsibility associated with my vacation)

*Your Travel Documents Cannot Be Sent Until We Receive This Disclosure Offering Travel Protection Signed and Insurance Coverage Accepted or Declined Initialed and Returned To Us.*

Kindly fax to: 714-439-1229 or mail to: L & M TRAVEL 18467 Santa Carlotta St. Fountain Valley, CA 92708