

AMERICAN TRAVEL ABROAD, INC.
505 EIGHT AVENUE, SUITE 801
NEW YORK, NY 10018

REFUND REQUEST FORM

From: _____
Agency name: _____
Contact Person: _____

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

AMTA service fee: _____ Payable by Check, Credit Card

If anything from the above is payable by Credit card please provide AMTA the credit cardholder's authorization letter, copy of the CC front and back and CC holder picture ID and call us to verify all information. You can send all documents by fax: (212) 581-7925 or e-mail: amtasales@amta.com

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

Total Amount: _____ Agency Check# _____
Agent Signature: _____ Date: _____

**Please submit this form with every refund request.
NO REFUND IS ACCEPTED WITHOUT THIS FORM.**