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Escondido, California 92025
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CST # 2094401-40



U.K. Office
The Mews, 6 Putney Common
London, England SW15 1HL
Tel: 020-8780-5659

*Please have your client complete and sign the following authorization to charge the cost of the trip on his or her credit card.
(We accept Discover, VISA, MasterCard and American Express)*

CREDIT CARD LETTER OF RESPONSIBILITY

I authorize In Quest of the Classics to make the charges specified below to the credit card listed. I understand that I am purchasing a package subject to strict change and cancellation policy. **By signing below I acknowledge that I have read, understand and agree to these terms and conditions.**

IQOTC FILE #: _____

PASSENGER (S) NAME: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

SECURITY CODE: _____ (the 3 number code on the back of your card)

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS:

*(MUST HAVE CORRECT BILLING ZIP CODE) THIS NEEDS TO BE ACCURATE OR YOUR CLIENTS WILL EXPERIENCE BILLING PROBLEMS.

AUTHORIZED AMOUNT: _____

CARDHOLDER'S SIGNATURE: _____

Please note that agency is responsible for verifying cardholder's signature. If this letter is sent back without client's signature or with signature on file, agency will be liable for amount charged if client denies charges. If any dispute arises regarding authenticity of signature from the cardholder or signature on file, your agency will be held financially responsible to make good on the amount stated above. If cardholder is anyone other than passenger, please include copy of driver's license to verify signature.

PLEASE FAX COMPLETED FORM TO (760) 735 6495

Bookings can only be confirmed after this form has been duly completed and returned.

IN QUEST OF THE CLASSICS FIT TERMS & CONDITIONS

QUOTES/RESERVATIONS: All FIT reservations require a minimum total of seven nights' accommodations and at least three other services. Programs are sold as complete packages and **no price breakdown will be given to protect our contract hotel rates.** Certain requests will require an up-front deposit of \$100.00 (to quote and hold space) before a valid quote can be given. Deposit will be applied to final payment. RESERVATIONS WILL BE TAKEN FROM TRAVEL AGENTS ONLY.

DEPOSITS: FIT reservations: Upon confirmation of acceptance of program, a further deposit will be due to amount to a total of \$250.00 per person. Due to high demand and limited space in the type of hotels IQOTC offers, confirmation of space will not be requested until this deposit is received by IQOTC. Alternate properties will be offered in the event the primary hotel choice is not available, and price is not guaranteed until program is confirmed. Possible interim payments and insurance payments will be notified to agent if required.

FINAL PAYMENTS: FIT final payments are due no later than 55 days prior to the client's U.S. departure. Failure to abide by any stated conditions could result in booking being automatically cancelled or changed. All checks should be made payable to: In Quest of the Classics.

CANCELLATIONS AND PENALTIES: All cancellations must be received in writing. In addition to the cancellation fees below, which are levied to cover administrative expenses, **any non-refundable deposits charged by our suppliers and pre-paid by In Quest of the Classics on behalf of clients will be collected.** These charges will be levied regardless of reason for cancellation.

FIT BOOKINGS - days prior to US departure:

Percentage of payments held as administrative fees are:

55 days or more:	full deposit
54 to 35 days:	35% of full payment
34 to 21 days:	50% of full payment
20 to 8 days:	65% of full payment
7 days or less:	100% of full payment

CHANGE FEES/AGENT RESPONSIBILITY: **Once program is confirmed any subsequent client/agent initiated revisions will carry a \$25.00 fee per person per change. Changes made after documents are issued are subject to \$50.00 per person per change. Travel agent is responsible for checking IQOTC's final itinerary and verifying it is correct. If agent does not, or adds any last-minute service, said agent is fully responsible for all extra charges.**

COMPLAINTS/ARBITRATION: Any client feeling there is cause for complaint during their trip must report the relevant matter immediately to the owner/manager of the hotel, or the local agent. If said complaint cannot be satisfactorily solved locally, client must obtain written confirmation of such from the owner, manager or local agent within 24 hours of the complaint being lodged. Upon return, client/agent have 7 days to notify IQOTC and provide the required documents or IQOTC cannot accept responsibility as it has been deprived of the opportunity to investigate and rectify (if necessary) within a reasonable time frame after the problem arose.

INSURANCE: Health, accident, baggage and trip cancellation & interruption insurance will be included in each quote **IF STATED**, with a specific premium. If stated in quote and client does not want coverage, deduct if from payment and send/fax signed form of decline from client. We strongly recommend purchasing insurance at time of deposit. Insurance cannot be purchased later than at time of final payment Client will not be covered until premium is received by IQOTC along with duly filled insurance form. Insurance premium may change if booking amount changes. Due to our firm cancellation policy, we strongly recommend coverage.

PRICE CHANGE: Any prices quoted in U.S. dollars are subject to change due to currency fluctuations.

FORM OF PAYMENT: Checks, Discover, Visa, Master Card, and American Express.

ACCOMMODATIONS: No accommodations will be held without the stated deposit. If accommodations quoted are no longer available when deposit is received, IQOTC reserves the right to substitute ones of similar or higher quality. Single rooms are often smaller than the equivalent in the U.S. A single supplement is charged by hotels for the PRIVILEGE OF PRIVACY. Please also note that traditional European hotels can not be compared with modern American hotels in similar categories.

PASSPORTS AND VISAS: All passengers must be in possession of a valid passport. Please verify with your agent if any visas are required.

ITINERARY CHANGES: IQOTC reserves the right to vary itineraries due to operational reasons beyond our control. The right is reserved to withdraw any or all programs should conditions warrant, and also decline to accept or retain passengers as members of any program should they act in any way deemed detrimental (without valid reason) to IQOTC's future working relationship with its suppliers.

RESPONSIBILITY: IQOTC, Inc. acts only as an agent in securing all services related to its quotes. It assumes no responsibility or liability in the event of any failure by any person or company to render any transportation, accommodation, or any other travel service to be provided in its programs, or for expenses incurred due to delays caused by weather, strikes, war, flight delays, mechanical failures or any act of God. IQOTC, Inc. cannot assume any responsibility for flight delays, cancellations or missed connections, and is not liable for any expenses or consequences resulting therefrom. Such expenses shall be borne by the client. IQOTC or any of its suppliers are not responsible for any ground services they are not supplying. Any situation arising relating to those services must be notified by client to his/her travel agent directly. The participant waives any claim against IQOTC, Inc. for any damage to, or loss of, property, or injury to, or death from any act of negligence of any airline, hotel, or any person rendering any of the services or accommodations included. All services are subject to the law of the countries in which these services are provided. Client/agent acknowledge and agree to all the terms and conditions set forth here and as stated with each individual program, in particular to the limitation of liability set forth above.

Take along Some Peace of Mind...

CSA Travel Protection



Dear Traveler,

When planning a trip, In Quest of the Classics makes every effort to ensure that your traveling experience is enjoyable and worry free. Sometimes, however, unexpected situations can occur that are beyond our control. We offer CSA Travel Protection to protect you against certain unforeseeable events, before and during your vacation.

Insurance Coverages	Benefit Limits
Trip Cancellation	Up to \$20,000
Trip Interruption	Up to \$20,000
Travel Delay	\$1,000
Baggage Delay	\$100
Medical & Dental Expense (not available to Canadian residents)	\$10,000
Air Flight Accident	\$100,000

applies whether the condition was known to you or not, and whether the condition was diagnosed or not.

Trip Cancellation & Trip Interruption

Provides coverage for non-refundable expenses due to certain unforeseeable circumstances such as sickness, injury, or death of you, a traveling companion or family member. Trip Cancellation Coverage begins on the day after your travel agent receives your payment.

Travel Delay

Provides coverage for additional accommodations and incidental transportation expenses if you are delayed, while on your trip for more than 12 hours at the beginning or in the course of your trip.

Baggage Delay

Provides coverage for the emergency purchase of essential items if your baggage is delayed for more than 24 hours during your trip.

Medical & Dental Expense

(Not Available to Canadian Residents)
Provides coverage for necessary medical, surgical, and emergency dental care costs if you become sick or are accidentally injured while on your trip. This coverage is excess over any other

health, medical, dental or accident insurance coverage you may have available to you.

Air Flight Accident

Provides coverage for loss of life, limbs or sight in the event of an accident while traveling as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline.

24 -Hour Emergency Hotline Services

- Emergency Medical Transportation
- Medical Referral
- Emergency Cash Transfer
- Legal Referral
- Lost Ticket and Passport Assistance

Please refer to the Certificate of insurance for complete details. You will receive your certificate with your final documents.

Your Satisfaction is Guaranteed:

If you purchase this plan and are not completely satisfied, simply return your Certificate of Insurance to In Quest of the Classics within 10 days of receipt. Include a letter stating your desire to cancel and, if you have not already left on your trip, we will give you a full refund.

Pre-Existing Conditions Exclusion

THIS EXCLUSION APPLIES TO TRIP CANCELLTION, TRIP INTERRUPTION, MEDICAL AND DENTAL EXPENSE, AND AIR FLIGHT ACCIDENT COVERAGES. IT APPLIES TO YOU AND ALL "FAMILY MEMBERS", AND "TRAVELING COMPANIONS", WHETHER OR NOT THEY ARE TRAVELING WITH YOU. PLEASE READ IT CAREFULLY.

There is no coverage for any loss due to "injury", "sickness" or death of you or a "family member", "traveling companion", or their "family member" if, during the 60 days preceding and including the "certificate effective date", there was medical care, advice, consultation or treatment received for the condition, or if symptoms of the condition were present, or if there was any adjustment of medication for the condition. This exclusion

Questions? Contact CSA at (800) 554-9839. Refer to Plan Code 1115.

Please fill out and return this portion to your travel agent.

Name: _____ Today's
Date: _____

- Yes! Please enroll me for Travel Protection to protect against certain unforeseeable events.
 No, I do not want Travel Protection and, yes, I understand In Quest of the Classic's cancellation policy.



CUSTOM DESIGNED TRIP COVERAGE

Dear Traveler,

Because we strictly adhere to our Terms and Conditions and because we believe you shouldn't have any worries during your trip, we have included coverage as follows with your package.

Please fax this completed form at time of deposit, or we won't be able to insure you.

1. NAME: _____
(First) (Last)

ADDRESS: _____ HOME TEL: _____
(Street) (City) (State & Zip)

DEPARTURE DATE from US _____ RETURN DATE: _____ Trip Cost \$ _____
(In Quest of the Classics services only)

2. NAME: _____
(First) (Last)

ADDRESS: _____ HOME TEL: _____
(Street) (City) (State & Zip)

DEPARTURE DATE from US _____ RETURN DATE: _____ Trip Cost \$: _____
(In Quest of the Classics services only)

3. NAME _____
(First) (Last)

ADDRESS: _____ HOME TEL: _____
(Street) (City) (State & Zip)

DEPARTURE DATE FROM US: _____ RETURN DATE: _____ Trip Cost \$: _____
(In Quest of the Classics services only)

**Please copy this sheet for additional passengers or attach an extra sheet if more space is needed.*

-NO, I do not want insurance and yes, I understand IQOTC's cancellations policy.

Signature: _____