

ITALY: Train Ticket Reservation Form Print & Fax to 1.866.573.4248

Spynstours Ltd. Reg#816237143 GST#RT0001
 Suite 1008, 102 - 4369 Main Street
 Whistler, BC CANADA V0N 1B4

spyns

Customer/Agency Information		Tour/Room Selection			
Client Name(s)	Agency Name	ONE-WAY	YES NO	ROUND-TRIP	YES NO
Client Name(s)	IATA/ARC #	FIRST CLASS	<input type="checkbox"/>	SECOND CLASS	<input type="checkbox"/>
	Bill Agency <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTING FROM:		ARRIVING IN:	
Client(s) Address		DEPARTURE CITY:		ARRIVAL CITY:	
Province/State	Postal Code/Zip	DEPARTURE: ____ / ____ / ____ RETURN: ____ / ____ / ____			
Daytime Tel#	Email	<small>Month / Day / Year</small>			
Evening Tel#		PREFERRE DEP. TIME		PREFERRED RETURN TIME	
Credit Card Billing Address (if different from above)		TRAVELER INFORMATION			
City	Prov/State	Postal Code/Zip	FIRST NAME	LAST NAME	
Method of Payment <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			FIRST NAME	LAST NAME	
Cardholder's Name (print)			FIRST NAME	LAST NAME	
Account Number			FIRST NAME	LAST NAME	
Expiration Date	CVN Code		FIRST NAME	LAST NAME	
Cardholder's Signature*		*Upon signature, the full train fare will be charged to the card number provided. By completing and signing this form, the signatory hereby irrevocably agrees to Spyns Terms & Conditions.			