

## **Cancellation Request Form**

Please sign and date in writing, sales@dcglobaltravel.com;	scan or take a digital	l picture and email the completed for	m to
l,	have authorize	d DC Global Travel Inc. (Merchant) t	o cancel my order.
Invoice Number:			
Name of Booking Traveler:			<u> </u>
Contact Phone Number and Em	nail Address:		
Original Payment Method (Plea	se Check Only One):		
CashCheck	Visa	MasterCard	
Apple PayCashAp	pPayPal	Wire Transfer	
Last Four Digits of Credit Card	if Applicable):	Original Transaction Amount	t:
Date of Reservation:			
Tour Name and Departure Date	:		
Guest Name(s):			
Brief Explanation of Reasons fo	r Cancellation Reque	st:	
		vw.dcglobaltravel.com. I agree tha ore making cancellation request.	t I
X			
Signature	Date of 0	Date of Cancellation Request	
Printed Name			