SALES TRANSACTION FORM

Client Name: 1)_____ _____
Last Name First Name

2)_____ _____
Last Name First Name

3)_____ _____
Last Name First Name

4)_____ _____
Last Name First Name

Address: _____ _____ _____ _____
Mailing Address City State Zip Code

Phone: (____) _____-_____H (____) _____-_____W

Email address: _____

Type of Sale: [ ] Tour [ ] Cruise [ ] Package **Vendor:** _____ **Sale Amount**: $_____

Travel Dates: _____/_____/_____ **Travel Dates:** _____/_____/_____ **Form of Payment:** _____
Departure Return

Travel Verification: *(Signature REQUIRED)*_____

I, _____, have reviewed the dates, times, and reservations made on my behalf by (***Decadent Travel***) and I agree that they are correct and accurate. I understand that (***Decadent Travel***) is not responsible for any cancellation, errors or omissions on my behalf or on the behalf of vendors providing travel services as a result of this reservation.

Date: _____/_____/_____ Client Signature: _____