

ATTN: \_\_\_\_\_



**CHOICEST HOLIDAY INC.,**  
220 South Linden Ave, #201, 202  
South San Francisco, CA 94080  
Tel: (650)589-9000  
Fax: (650)588-5700

## Choicest Holiday Air Ticket Refund/Cancellation Agreement

I hereby authorize Choicest Holiday to cancel my air ticket with  
\_\_\_\_\_ (Airline) \_\_\_\_\_ (Ticket Number),  
for the penalty of \$ \_\_\_\_\_.

There is a service charge of \$ 75.00 for the cancellation. I will send a check  
of \$75.00 to Choicest Holiday Inc., or deposit to Bank of America,

**Account Number: 01167 13238      Check Title: Choicest Holiday Inc.**

**Mail to: 220 South Linden Ave. #201, South San Francisco, CA 94080**

Choicest Holiday will cancel the ticket and issue a refund after payment is  
received.

I understand the refund will be processed within 1-3 months from the date  
of the cancellation request being made. Any applicable service charge will  
be deducted accordingly by airlines.

\_\_\_\_\_  
Passenger Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date