



19 West 34th Street * Suite 1008
New York, N.Y. 10001
Tel. (212) 947-4343
Fax. (212) 947-1262
www.tomtours.com

LIMITED POWER OF ATTORNEY

I am a client of TOM TOURS and SERVICES Travel Agency. I hereby appoint the owner, manager, and all employees of TOM TOURS Travel Agency to be my attorneys-in-fact for the purpose of signing any documents necessary to purchase and issue airline tickets, and to charge these purchases to my (Visa, Master Card, Discover, American Express, Diners Club) _____ credit card, account number _____, expiration date _____

I authorize of my attorneys-in-fact to sign credit card authorizations on my behalf, and intend such signature to bind me the same as if I personally signed, for the purchase of airline tickets whenever any of them receives a telephone call reasonably believed to be from me or someone acting on my behalf, requesting that they issue airline tickets for me or anyone else and charge those tickets to the above identified credit card.

I agree that I will pay for all such purchases and will not hold TOM TOURS and SERVICES Travel Agency responsible for any of its actions pursuant to this power of attorney.

This Limited Power of Attorney shall remain in full force and effect until terminated by me in writing, such termination to be effective only with respect to ticket purchases occurring after the time that the written termination is delivered to TOM TOURS and SERVICES Travel Agency.

*I certify that my current billing address is: _____

_____*

This Limited Power of Attorney may be good for (please mark one):

All purchases on my name at TOM TOURS and SERVICES _____

Only this purchase, in the amount of \$ _____

Print Name _____

Signature _____

Date and City _____

** Please include a copy of your credit card and driver's license (or picture I.D.)*