




the no worries travel card

PLEASE SEND ME ONE OF THOSE GREAT TRIPPLUS TRAVEL CARDS!

(Remember, the only difference between the cards is the T+ Protect - Travel Insurance; what's covered and by how much. Make sure you choose the one that gives you the right amount of security & protection. Check www.tripplus.com for full details. All other features are included in each card.)

Please Indicate the Card You Would Like to Purchase:

- Tripplus Travel Card at \$25.00 (good travel insurance)
- Tripplus Xtra Travel Card at \$45.00 (better travel insurance)
- Tripplus Pro Travel Card at \$70.00 (best travel insurance)
- Tripplus Xtreme Travel Card at \$95.00 (the ultimate travel insurance)

T+ PAY and T+ LINK

To make maximum use of your Tripplus Travel Card, you need to add funds to 2 accounts: your T+Pay-Visa Card account and your T+Link-Phone Card account. You can wait until your card arrives to do this, (it will be a bit cheaper) or for your convenience, you can get both accounts started now, so your card arrives loaded and ready to use.

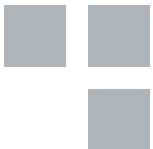
- Tripplus Travel Card Cost
- Add funds to my T+ Pay – Visa Card account
(Maximum \$1000. A 3% fee applies)
fee: (x .03)
- Add funds to my T+ Link – Phone Card account
(Fixed amount only)

TOTAL

TRIPPLUS TRAVEL CARD HOLDER DETAILS:

First Name _____ Last Name _____
(as it will appear on your Tripplus Travel Card)

Email (required for order confirmation) _____



please continue on the following page



PAYMENT INFORMATION

I would like to pay for my Tripplus Travel Card:

- By check: *Please make check payable to "Tripplus" and mail with this form.*
- By Credit Card (circle): Amex® Visa® Mastercard® Discover®

Credit Card Number _____ Expires __ / __

Security Code _____ (Visa, Mastercard, Discover - last 3 digits on back signature strip.
Amex - 4 digits on front right, above card number.)

Name and billing address of credit card holder or mailing address if applicant is paying by check:

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

I authorize Tripplus to charge my credit card for the amount shown in the TOTAL on page 1 of this form.

Signature of credit card holder _____ Date _____

TRIP+ DISTRIBUTOR CODE

You will find this on any application form or brochure you received, or from the office/business that recommended you buy a Tripplus Travel Card. If you can't find it, leave blank.

THANK YOU FOR PURCHASING A TRIPPLUS TRAVEL CARD

For full instructions on how to use and make the most of your Tripplus Travel Card go to www.tripplus.com or contact us at 1.866-690-6864 or help@tripplus.com

Please note your Tripplus Travel Card will be sent to the credit card billing address.

MAIL COMPLETED FORM

(with check, if appropriate) to:

Tripplus
P.O. Box 1926
Studio City, CA 91614 | USA



safe travels. no worries.

www.tripplus.com