



Continental Airlines, Inc.
 Post Office Box 3046 HQJRF
 Houston, TX 77253
 1-800-WE-CARE-2
 (1-800-932-2732)

Lost Ticket Refund Application

(One Ticket Per Application)

Claims will be processed within 90 days

MUST BE COMPLETED BY CO PERSONNEL	
Date Application Submitted	
Station Code	CO Agent Sine
MUST BE COMPLETED BY CO PERSONNEL	

OPTION 1 - Continental Airlines Provided Replacement Ticket

Complete only if a) the PNR is active, b) the original ticket number is available and c) a valid credit card is provided.

Issuing Airline	Ticket Number	CPN No(s)
Date of Issue	Portion of Ticket Lost: from: _____ to: _____	
Date of Travel	Flight No./Departure Time	Amount Paid
Where Purchased: <input type="checkbox"/> ATO <input type="checkbox"/> CTO <input type="checkbox"/> Other <input type="checkbox"/> Ticket by mail <input type="checkbox"/> Travel Agency	Location Purchased/Travel Agency Name/Address	
Form of Payment of Lost Ticket: <input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Card <input type="checkbox"/> GTR No.:	Acct. No.: _____	
Was any portion of the Ticket used before loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Flight No./Departure Time
If Yes: from: _____ to: _____	Fare Basis	
TICKET IS MISSING FOR THE FOLLOWING REASON:		
<input type="checkbox"/> Ticket was lost by customer.		
<input type="checkbox"/> Flight coupon was lifted in error by airline personnel at: Airline _____ Airport _____ Flight No. _____ Date _____		
<input type="checkbox"/> Ticket by mail was not received by customer for: Flight No. _____ Date _____ From _____ To _____		
REPLACEMENT TICKET INFORMATION		
Was Service Charge Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount Paid	
If Yes, What is the SST#		
Replacement Ticket & Applicable Fee(s) Payment Information:		
Credit Card Acct. No.: _____ Exp. Date _____		
Issuing Airline	Ticket Number	Date Issued
Issued at	from: _____ to: _____	
Flight No./Departure Time	Date of Travel	Amount Paid
Passenger Name		
Cardholder Name/Address		
Telephone Number		

OPTION 2 - Customer Purchased Replacement Ticket or No Replacement Ticket

Complete only if all conditions of OPTION 1 are not met.

Issuing Airline	Ticket Number	CPN No(s)
Date of Issue	Portion of Ticket Lost: from: _____ to: _____	
Date of Travel	Flight No./Departure Time	Amount Paid
Where Purchased: <input type="checkbox"/> ATO <input type="checkbox"/> CTO <input type="checkbox"/> Other <input type="checkbox"/> Ticket by mail <input type="checkbox"/> Travel Agency	Location Purchased/Travel Agency Name/Address	
Form of Payment of Lost Ticket: <input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Card <input type="checkbox"/> GTR No.:	Acct. No.: _____	
Was any portion of the Ticket used before loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Flight No./Departure Time
If Yes: from: _____ to: _____	Fare Basis	
TICKET IS MISSING FOR THE FOLLOWING REASON:		
<input type="checkbox"/> Ticket was lost by customer.		
<input type="checkbox"/> Flight coupon was lifted in error by airline personnel at: Airline _____ Airport _____ Flight No. _____ Date _____		
<input type="checkbox"/> Ticket by mail was not received by customer for: Flight No. _____ Date _____ From _____ To _____		
REPLACEMENT TICKET INFORMATION		
Was Replacement Ticket Purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Service Charge Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, What is the SST#
Pay Refund to: <input type="checkbox"/> Original Form of Payment <input type="checkbox"/> Replacement Form of Payment	Refund to original form of payment if no box is checked.	
Replacement Ticket Form of Payment: <input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Card		
Acct. No.: _____		
Issuing Airline	Ticket Number	Date Issued
Issued at	from: _____ to: _____	
Flight No./Departure Time	Date of Travel	Amount Paid
Passenger Name		
Purchaser Name/Address		
Telephone Number		

Claims will not be processed until ticket numbers are identified. Unsigned applications will not be processed. If original ticket was paid for with credit card, please allow up to one additional month for credit to be posted to your credit card statement. In consideration of the refund payment or the issuance of replacement ticket, the applicant will reimburse Continental Airlines, Inc. for any loss or damage sustained due to the use of the ticket's claimed unused portion for transportation or refund and applicant authorizes Continental to charge any such loss or damage against the credit/debit card referred above. Continental Airlines, Inc. is not responsible for tickets presented for transportation or refund by other than the person whose name is designated as the traveler and Continental Airlines, Inc. assumes no responsibility for determining identity. This claim will be given consideration provided that the application has been made no later than one month after the expiration date of the lost ticket. The applicant claims that the above referenced ticket cannot be found and has not been and will not be transferred to any other person. Upon finding the lost ticket, the applicant will immediately submit the ticket to Continental Airlines, Inc. with a statement that a lost ticket application has been filed. For claims made against tickets paid by check, send copies of both sides of the cancelled check. For claims made against tickets paid by credit card, send a copy of the billing statement. For claims made against tickets purchased from a travel agency, contact the agency for a copy of the lost ticket.

A non-refundable service charge will be assessed for handling this lost ticket/indemnity application (amount subject to change without notice).

PLEASE READ THE TERMS OF THIS APPLICATION BEFORE SIGNING.

Signature of Continental Representative X	Signature of Cardholder X	Date
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