

ACADEMIC TOURS

P.O. Box 370274 • Brooklyn • NY 11237 • Tel: (718) 417-8782 • Fax: (718) 417-9096

Credit Cardholder's Authorization

In lieu of my Credit Card Imprint, I _____
(Print Name of Cardholder as shown on Credit Card)

Hereby authorize **ACADEMIC TOURS**

To charge my • VISA • MasterCard • American Express • Discover Card

_____/_____
(Card Number) (Exp. Date)

REQUIRED →

Credit Card ID/CVC2/CV2 #: _____
(3 digits printed on the signature strip for VISA, Master & Discover Card. 4 digits above the account number on American Express)

in the Amount of: \$ _____ for payment of travel arrangement of myself and / or

If other than Cardholder – full names: 1. _____
2. _____
3. _____
4. _____

for itinerary as follows: _____
(Destination and dates)

My billing address: _____

Tel: _____ Fax: _____

Email: _____

NOTE: Identification is required – proof of ownership. Please provide photostatic copy of the Credit Card (Front & Back) and Passport or Driver's License of Cardholder. **NO CARD WILL BE PROCESSED WITHOUT IDENTIFICATION**

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card.

PLEASE NOTE THAT ONCE PAID THIS PROGRAM IS NON-REFUNDABLE. THEREFORE WE STRONGLY RECOMMEND TRAVEL INSURANCE.

Cardholder's Signature

Date