

CREDIT CARD PAYMENT

PASSENGER INFO

MR. MS. NAME: _____

SCHOOL / GROUP: _____

CREDIT CARD DETAILS

VISA MASTERCARD AMEX

CREDIT CARD#: _____

EXPIRY DATE [mm/yy]: _____ SECURITY #: _____

CARDHOLDERS NAME: _____

The CVC number is a three-digit number, typically the last three digits in a row printed on the back of all credit cards (American Express cardholders will find their four digit CVC number on the front of their card).

PAYMENT 1 AMOUNT TO BE CHARGED: \$ _____ DATE TO BE CHARGED: _____

PAYMENT 2 AMOUNT TO BE CHARGED: \$ _____ DATE TO BE CHARGED: _____

PAYMENT 3 AMOUNT TO BE CHARGED: \$ _____ DATE TO BE CHARGED: _____

PAYMENT 4 AMOUNT TO BE CHARGED: \$ _____ DATE TO BE CHARGED: _____

Credit cards will only be charged on the date specified above or during the following 4 weeks. Please notify us in writing at payments@s-trip.com before the date indicated should you wish for a future payment not to be applied.

I AUTHORISE THE USE OF MY CREDIT CARD ON THE DATES AND IN THE AMOUNT INDICATED ABOVE:

DATE

CARDHOLDER SIGNATURE

Please Fax Payment to 1-866-800-6950

OFFICE USE ONLY

TOUR OP: _____ FILE #: _____

PAYMENT 1 CHARGED DECLINED RECHARGED DATE: _____ STAFF: _____

PAYMENT 2 CHARGED DECLINED RECHARGED DATE: _____ STAFF: _____

PAYMENT 3 CHARGED DECLINED RECHARGED DATE: _____ STAFF: _____

PAYMENT 4 CHARGED DECLINED RECHARGED DATE: _____ STAFF: _____