



CREDIT CARD AUTHORIZATION FORM

School: _____
Destination: _____
SST Number: _____
Contact Phone: _____

Trip Leader: _____
Departure Date: _____
Email Address: _____

Credit Card Type: _____ Credit Card Number: _____
Expiration: _____ Postal Code: _____
Card Holder Name: _____ Card Holder Phone: _____
Card Holder Address: _____

I authorize the following charges to be applied to the credit card above.

1	SPECIFIC DESCRIPTION (please list the fees to be charged):
2	Credit card processing fees, variable by type of card submitted.

INITIALS

Comments:

The credit card listed above may be billed for the estimated charges ten (10) days prior to the event departure.
By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am submitting.

Signature

Date

PLEASE SCAN THIS AUTHORIZATION ALONG WITH A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD AND SUBMIT VIA EMAIL

All information is kept confidential and used only for the purposes as noted above.
For additional information, please contact our offices at 984.223.9866.