

Credit Card Payment Form Between The Sheets

Kindly complete this form by filling in the fields, printing the page, and signing.

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Name(s):	<input style="width: 95%;" type="text"/>						
	E-MAIL ADDRESS: _____						
Amount Authorized to Charge: \$	<input style="width: 95%;" type="text"/>						
Cardholder (print name)	<input style="width: 95%;" type="text"/> <small>(If not one of the traveling Passenger(s), Card Holder must submit a copy of the front and back of the card) - Please Print</small>						
Address	<input style="width: 95%;" type="text"/>						
City	<input style="width: 25%;" type="text"/>	State	<input style="width: 5%;" type="text"/>	Zip	<input style="width: 10%;" type="text"/>	Country	<input style="width: 10%;" type="text"/>
Home Phone	<input style="width: 95%;" type="text"/>						
Card #	<input style="width: 95%;" type="text"/>						
Expiration Date	<input style="width: 95%;" type="text"/>						
Security Code#	<input style="width: 10%;" type="text"/>	Click here for information on your security code .					
Type of Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover			
<p>_____ I have read and understood all terms and conditions including the terms of cancellation policies . My payment and signature below constitute acceptance of those terms.</p>							
Cardholder's Signature _____						Date: _____	