



Adventure International Travel Service, Inc.

14305 Madison Avenue, Lakewood, Ohio 44107

Phone (216) 228-7171 Fax (216) 228-7170 Toll-Free (800) 542-2487

E-Mail slovaktr@ix.netcom.com

www.Adventure-Intl-Travel.com

Credit Card Authorization Form

Itinerary Information:

Passenger Name(s): _____

Departure date: _____ Destination: _____

Credit Card Information

Card Holder's Name (as it appears on card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Type of credit card (circle): AMER EXP VISA MASTERCARD DISCOVER

Credit Card # _____ Exp Date: _____ / _____

Security Code (3-digit number on back of card): _____ Total Payment: \$ _____

By my signature, I authorize Adventure International Travel Service, Inc. to charge my credit card in the amount of \$ _____ and agree to pay my credit card company for these charges. This signature, on file, is only valid for the payment amount authorized above.

Signature: _____ Date: _____

Printed Name: _____

NOTE: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE A COPY OF THE CREDIT CARD (FRONT AND BACK) AND PASSPORT OR DRIVER'S LICENSE OF CARD HOLDER.

Your signature serves as evidence that you have read, understand and agree to the rules and regulations as stipulated herein (including, but not limited to, the refund of the ticket). It is the right and responsibility of the purchaser to request full explanation of all applicable restrictions, and/or obtain clarifications of said restrictions.