CREDIT CARD AUTHORIZATION FORM

In consideration of Learning Through Travel, Inc. accepting my reservation and non-refundable deposit and final payment selected tour, I agree to be responsible for the payment, whether I decide to participate in the selected tour or not. I will not place a "Stop Payment" order on my credit card tendered as payment for services. If I decide not to attend the selected tour, I acknowledge that I, and not Learning Through Travel, will be responsible for any penalties due to my commitment. I hereby authorize Learning Through Travel, Inc. to charge my credit card. The issuer of this card is authorized to pay the amount shown upon proper presentation and I agree to pay such amount (together with any other charges due hereon) subject to, and in accordance with the agreement governing the use of such card.

PLEASE PRINT OR TYPE CLEARLY, COMPLETE ALL BLANKS, SIGN AND RETURN WITH YOUR RESERVATION FORM OR A COPY OF YOUR FINAL INVOICE.

THIS CHARGE REPRESENTS PAYMENT FOR: _____

DATE OF CHARGE _____ INVOICE # _____ (TO BE ASSIGNED AFTER DEPOSIT IS RECEIVED)

AMOUNT $ _____ AMOUNT IN WORDS _____

CREDIT CARD # _____ EXPIRATION DATE _____

(PIN #) 3 OR 4 DIGIT APPEARING ON FRONT OR REVERSE SIDE OF CARD _____

NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS (WHERE CREDIT CARD BILL IS SENT) _____

TEL (HOME) _____ (CELL) _____ E-MAIL _____

By signing this agreement , I understand and agree to the Terms, Conditions and Cancellation Penalties.

_____

Signature of Cardholder (NO 3rd PARTY CREDIT CARDS WILL BE ACCEPTED).

The original copy of the charge authorization form and signature with a copy of the credit card front as well as a copy of your passport or state driver license or legal I.D should be sent via fax to Learning Through Travel at 516-781-5557 or E-mail to info@learningthroughtravel.com

•Please Note: No signature on file charges accepted. No reservations will be completed without this completed form. A new from must be completed for each transaction.

Learning Through Travel

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