



Credit Card Authorization/Registration Form

Passenger name(s):	<input type="text"/>				
Passenger name(s):	<input type="text"/>				
Passenger name(s):	<input type="text"/>				
Passenger name(s):	<input type="text"/>				
Email address:	<input type="text"/>				
Cruise:	Day Trip to NYC – Denzel Washington - Fences – June 12, 2010				
Deposit:	<input type="text"/>				
Cardholder (print name)	<input type="text"/>				
Home Phone	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Card #	<input type="text"/>				
Security Code#	<input type="text"/>	Click here for information on your security code .			
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>				
	For credit card payments add 3%.				
Expiration Date	<input type="text"/>				
<p>____ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited. Passport required.</p> <p>____ I understand that the names printed on this invoice must match exactly the first and last names in each passport. Any discrepancy may result in cancellation, change fees, new and higher airfares or denial of services.</p> <p>____ My payment and signature below constitute acceptance of those terms. I have been offered insurance.</p>					
Cardholder's Signature	<input type="text"/>				
Name (printed)	<input type="text"/>				
Date	<input type="text"/>				

Fax to Colesville Travel at 301-989-8473
or mail to: Colesville Travel, P.O. Box. 4844, Silver Spring, MD 20914
Phone: 301.989.1654 Email: cindy@colesvilletravel.com - Website: www.colesvilletravel.com

Thank You.