

Colesville Travel Registration/Credit Card Payment Form

Kindly complete this form by filling in the fields, printing the page, and signing.
Fax/mail with payment to Colesville Travel

THIS SECTION TO BE COMPLETED BY THE REGISTRANT OR CARD HOLDER

Passenger Name(s):	<input type="text"/>	DOB
Passenger Name(s):	<input type="text"/>	DOB
Passenger Name(s):	<input type="text"/>	DOB
Passenger Name(s):	<input type="text"/>	DOB
Reservation #:	<input type="text"/>	
Email:	<input type="text"/>	
Persons per room:	<input type="text" value="Single"/> <input type="text" value="Double"/> <input type="text" value="Triple"/> <input type="text" value="Quad"/>	
Room Category:	<input type="text"/>	
City of Departure:	<input type="text"/>	
Amount Agreed: \$	<input type="text"/>	(add 3% for credit cards)
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"/>	
Expiration Date:	<input type="text"/>	

____ I understand that it is my responsibility to obtain the correct travel documentation (passport, visa, identification) for the destination(s) to be visited.

____ 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.

____ My payment and signature below constitute acceptance of those terms

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.