S-Trip!

Credit Card Payment Form

TRIP INFORMATION

☐ MR ☐ MS

NAME _____

SCHOOL/GROUP _____

CREDIT CARD DETAILS

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CREDIT CARD NO. _____

EXPIRY DATE (MM/YY) _____ CARD SECURITY CODE _____

CARD HOLDERS NAME _____

PAYMENT 1 AMOUNT TO BE CHARGED $ _____ DATE TO BE CHARGED _____

PAYMENT 2 AMOUNT TO BE CHARGED $ _____ DATE TO BE CHARGED _____

PAYMENT 3 AMOUNT TO BE CHARGED $ _____ DATE TO BE CHARGED _____

PAYMENT 4 AMOUNT TO BE CHARGED $ _____ DATE TO BE CHARGED _____

Credit cards will only be charged on the date specified above or during the following 4 weeks. Please notify us in writing at payments@studenttrip.com before the date indicated should you wish for a future payment not to be applied.

I AUTHORISE THE USE OF MY CREDIT CARD ON THE DATES AND IN THE AMOUNT INDICATED ABOVE, CREDIT CARD CHARGE WILL APPEAR AS 'HANDA TRAVEL' OR ONE OF OUR SUPPLIERS.

_____ X _____ X

DATE STUDENT SIGNATURE

Please Fax Payment to 1-866-800-6950

OFFICE USE ONLY

TOUR OP _____ FILE # _____

PAYMENT 1 CHARGED ☐ DECLINED ☐ RECHARGED ☐ DATE _____ STAFF _____

PAYMENT 2 CHARGED ☐ DECLINED ☐ RECHARGED ☐ DATE _____ STAFF _____

PAYMENT 3 CHARGED ☐ DECLINED ☐ RECHARGED ☐ DATE _____ STAFF _____

PAYMENT 4 CHARGED ☐ DECLINED ☐ RECHARGED ☐ DATE _____ STAFF _____