



Come Trip with us!

Canada's Student Travel Experts Since 1976

CREDIT CARD PAYMENT

PASSENGER INFO

MR. [] MS. [] NAME: _____
SCHOOL / GROUP: _____

CREDIT CARD DETAILS

VISA [] MASTERCARD [] AMEX []

CREDIT CARD#: _____
EXPIRY DATE [mm/yy]: _____ CVC#: _____
CARDHOLDERS NAME: _____

The CVC number is a three-digit number, typically the last three digits in a row printed on the back of all credit cards (American Express cardholders will find their four digit CVC number on the front of their card).

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.

_____ DATE _____ CARDHOLDER 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: _____