



CREDIT CARD AUTHORIZATION FORM

Please FAX completed form to **303 778-0633**

I, the undersigned (Print Name) _____ authorize Africa Adventure Consultants, Inc. to charge my credit card as follows for payment for travel services:

Credit Card: (CHECK ONE) MASTERCARD VISA AMERICAN EXPRESS

Card #: _____

CVV#: _____ Exp Date: _____
(3 or 4 digit code usually located on the back of your card)

Amount: \$ _____ Telephone: _____

Billing Address: _____
(Must match cardholder billing information.)

City: _____ State: _____ ZIP: _____

CANCELLATION INFORMATION

Time prior to departure:	Cancellation fee:
61 or more days	30% of tour cost*
60-30 days	50% of tour cost*
Less than 30 days	100% of tour cost*

*Plus any handling fees and non-refundable supplier deposits.
Additionally, airline tickets are subject to the carriers policies. Most discount airfares are non-refundable.

Date: _____

Signature: _____

By signing above, I agree to the terms & conditions of Africa Adventure Consultants