



# Credit Card Authorization Form

Fax signed, completed form to: **303 778-0633** or  
save and return via email to: [info@adventuresinafrica.com](mailto:info@adventuresinafrica.com)

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  DISCOVER

Card #: \_\_\_\_\_

CVV#: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
*(3 or 4 digit code located on the back of your card)*

Amount: \$ \_\_\_\_\_

Telephone: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
*(Must match cardholder billing information)*

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

CANCELLATION INFORMATION	
<b>Time prior to departure:</b>	<b>Cancellation fee:</b>
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 fares are non-refundable.	

**Payment will not be processed until client forms are signed and returned**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If sending electronically, put an X here to signify a signature \_\_\_\_\_

BY PLACING AN X ABOVE, I ACKNOWLEDGE THAT I AM CREATING AN ELECTRONIC SIGNATURE THAT HAS THE SAME  
LEGAL FORCE AND EFFECT AS A HANDWRITTEN SIGNATURE.