

RECREATIONAL & EDUCATIONAL TOURS, INC.

CREDIT CARD AUTHORIZATION FORM

STUDENT'S NAME: _____

SCHOOL NAME: _____

NAME ON CARD: _____

PAYMENT AMOUNT*: _____ DESTINATION: _____

CARD NUMBER: _____ EXP DATE: _____

CARDHOLDER ADDRESS & ZIP CODE: _____

CARDHOLDER PHONE NUMBER: _____

Signature _____ Date: _____

* I understand that there will be a 3% processing fee added to each transaction.