

CREDIT CARD AUTHORIZATION FORM

Please be advised that we only accept: VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS. Please fax this form to: (888) 358-8212

PASSENGER NAME: _____

CARD HOLDER'S STATEMENT:

I have requested and accept responsibility of payment to VISITS PLUS, INC., the holding company of EXPLORIENT TRVCEL SERVICES, INC. in the amount of US\$ _____ for land / and or air travel arrangements, to be made against my Credit Card Number: _____

Expiration Date: _____ Credit Card ID/Security Code: _____

for myself and any applicable passenger (s): _____

CARD HOLDER'S NAME

CARD HOLDER'S BILLING ADDRESS: _____

CARD HOLDER'S SIGNATURE
(Must be signed by the card holder)

DATE