

**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