

Credit Card Authorization

Please fax to: *Global Endeavors 1-800-831-9001*

Participant Information

Name of Participant _____

Name of Parent _____

Name of School _____

Trip Destination _____

Travel Date _____

Credit Card Information (Visa or M/C Only)

Type: _____

Card Number: _____

Expiration Date: _____

Security Number on Back of Card _____
(3 numbers)

Card Holders Name: _____

Billing Address _____

Billing City, State and Zip Code _____

Billing Phone Number _____

E-Mail Address _____

Please charge the above credit card for the following amount:

Amount to be Charged plus 2% credit card processing fee: _____

I _____ Authorize Global Endeavors to charge the above credit card for the amount noted above.

Card Holder Authorization Signature