

FOR OFFICE USE ONLY

Date received _____

Date of trip _____

Travel specialist _____

UNCHARTED OUTPOSTS
SAFARI & TRAVEL CO.

CREDIT CARD AUTHORIZATION FORM

NAME ON CARD _____

(Please Print)

Type of Card: Visa MasterCard American Express Discover

Credit Card Number: _____

Amount: _____ Security Code: _____ Expires: _____
(On Back of Card) (Month/Year)

Please check this box if we may use this credit card for purchase of travel insurance.

Mailing Address: (as appears on your billing statement)

Street _____

City _____ State _____ Zip _____

I do hereby authorize Uncharted Outposts to charge my credit card in the amount of US Dollars
for my travel arrangements and take full responsibility for the above charges.

Cardholder's Signature

Date