

UNCHARTED OUTPOSTS
SAFARI & TRAVEL CO.

CREDIT CARD AUTHORIZATION FORM

FOR OFFICE USE ONLY

Date received _____

Date of trip _____

Travel specialist _____

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

Uncharted Outposts | p: 505.795.7710 | f: 505.795.7714 | www.unchartedoutposts.com