

TO AFRICA TOURS & SAFARIS, INC.
414 N. Placentia Avenue, Placentia, CA 92870
(P) 1.866.343 8297 (F) 1.702 399 7920

CREDIT CARD CHARGE AUTHORIZATION FORM

Travelers name(s):

1.	2.
3.	4.
5.	6.

Safari/Tour Program: _____ Travel Dates: _____

TO BE FILLED BY CREDIT CARD HOLDER (Name as appears on the Credit Card):

In lieu of my credit card imprint, I _____
hereby authorize **TO AFRICA TOURS & SAFARIS, INC.** or its supplier to charge my credit card for travel expenses in the amount indicated. I acknowledge the charges described herein. The issuer of the card on this item is authorized to pay the amount shown as the total upon proper presentation. I agree to pay such total subject to and in accordance with the agreement governing the use of such card. I waive my right to dispute these charges. I waive my right to dispute these charges.

Type of card: Visa: Master Card American Express Discover

Card Number: _____ Date of Expiry: _____

Security code (VISA/MC/DS -3 Digits on back of the card//AMEX-4 digits on the front of the card) _____

Total Amount: \$ _____ Deposit: \$ _____ Balance: \$ _____

(I authorize To Africa Tours & Safaris, Inc. to charge the balance due in 90 days from the date of departure on this credit card shown above)

My Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____

IMPORTANT NOTE: In lieu of your credit card imprint; identification is required to charge your credit card. Please copies of both sides of your credit card and your driver's license.

Signature of the card holder

Date _____

Print name of cardholder

Fax signed copy of this form and all supporting documents to 1.702 399 7920 or email scanned copy to toafrica@toafricatours.com