

Africa - Credit Card Charge Authorization Form



Please complete all the information in the Registration form below and fax this document to:



(941) 951-6226



Traveler's Names: Your name should read AS STATED ON YOUR PASSPORT (this is very important for inter-Africa air ticketing).

Traveler 1: _____ D.O.B.: _____

Passport #: _____ Issue Date: _____ Exp. Date: _____ Issued By: _____

Traveler 2: _____ D.O.B.: _____

Passport #: _____ Issue Date: _____ Exp. Date: _____ Issued By: _____

Traveler 3: _____ D.O.B.: _____

Passport #: _____ Issue Date: _____ Exp. Date: _____ Issued By: _____

Traveler 4: _____ D.O.B.: _____

Passport #: _____ Issue Date: _____ Exp. Date: _____ Issued By: _____

Contact info: This is the address to which important travel documents and correspondence will be sent. It is important for you to include your e-mail address, as this will be used to communicate trip updates and exciting pre-departure information to you.

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (night): _____

E-Mail: _____

Credit Card Authorization

I _____, hereby authorize Admiral Travel to charge my credit card (details below).

Amount to be Charged: \$ _____

Visa Master Card American Express

Card #: _____ Sec Code: _____ Exp: _____

Credit Card Billing Details (check if address is same as above)

Name (as on card): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Attention: Michael Distler
[Admiral Travel](http://www.admiraltravel.com), 1284 N. Palm Avenue, Sarasota, FL 34236
Phone: (941)951-1801 or (888)722-3401 Fax: (941)951-6226 Website: www.admiraltravel.com

ALL PAYMENTS MADE TO ADMIRAL TRAVEL GALLERY AND/OR PARTNER ORGANIZATIONS ARE NONREFUNDABLE