Credit Card Payment - Authorization Form

(Please Print Clearly)

Group Name:	
Participant's Name:	
Visa, Mastercard, or Discover:	
Card Holder's Full Name:	
Signature:	
Billing Street Address:	
City / St / Zip Code	
Billing Phone Number:	
Email Address:	

CARD NUMBER - Must be 16 digits	Exp. Date	CSC - 3 Digit Code on back of card	Amount
1			
2			
		Subtotal	
$10 service fee is applied to all charges			+$10.00
			Total

4 easy payment methods

MAIL PAYMENT TO:
Student Educational Tours, 1116 West St, Suite A, Annapolis, MD 21401

FAX PAYMENT TO:
443.458.0660

SCAN & EMAIL PAYMENT TO:
info@SETours.org

ONLINE PAYMENT (will not need this form):
www.SETours.org
*find secure **Pay-My-Trip** page top right*

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