



CREDIT CARD AUTHORIZATION FORM

I (print name of card holder) _____
hereby authorize Expeditions Travel Group Inc. to process my credit card:

(Circle one) Visa Master Card Amex

Credit Card Number _____

3-digit code (on back of card) _____

Expiration Date _____

Amount \$ _____

By signing this document I hereby agree to payment by use of the above credit card and the above stated amount. I agree to all conditions described in the Expeditions Travel Group / Kosher Expeditions "Tour Registration Form" (which can be downloaded and seen on our website at www.kosherepeditions.com in the "Reserve a Trip" link) in the sections of general information and release of liability concerning payment / fee schedule, cancellations and refunds, and limitation of liability.

Card Holder Signature _____

Date _____

Billing address _____

City _____ State _____ Zip _____

Phone number _____

E-mail (for receipt) _____

Please fax back or send authorization form to:

Expeditions Travel Group
6013 W Olympic Blvd Suite A
Los Angeles, CA 90036

Tel: 800-923-2645 / 310-237-0122
Fax: 770-234-5170