

*****Credit Card Authorization/Disclosure Form*****

I,	, do hereby authorize Sterling Expeditions to charge my credit card			
number		, exp	, security code	, the amount of
number \$ for the deposit	t OR \$	for paym	ent in full.	
	Credit card	OR	Debit Card	
My Billing Address:				
Contact Phone Number:	-	Em	ail Address:	
My booking information is Destination: Date of Travel: Anniversary Date: Military Discharge Date:				
Full Name(s): as it appears on passport:		Date of Births:		Passports
Passports are now MAND				
Signature		Dat	e	
Scan com	pleted form to B	RGABEL@	SterlingExpeditions.	com

** The cardholder's signature is to be obtained for any credit card transaction. Travel Agents are responsible for verifying the identity of the credit card holder and will be held responsible for false information or failure to produce a signed document.





