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CREDIT CARD AUTHORIZATION FORM
Fax to 847-619-0240

Date: _____
Participant Name(s): _____

School/Group Name: _____
Group's Account Number: _____

Check type of card:
 Visa _____
 Master Card _____
 American Express _____
 Discover _____

To Hemisphere Travel, Inc,

Please charge a payment of \$ _____

- If the payment amount exceeds \$1,000.00, and the card holder is not the participant or parent/guardian of the participant, a copy of the card and photo ID will be required.
- If the payment amount exceeds \$5,000.00, the charge will only be processed if the card indicates the name of the school/company of the group. A personal credit card will not be accepted. A copy of the card and photo ID will be required.
- Hemisphere will not accept credit card payment amounts for more than \$10,000 in a single transaction. Only bank wires or company checks will be accepted. A copy of the card and photo ID will be required.

Credit Card number _____

Card Expiration Date _____
3 or 4 digit security code (located on back of card) _____ (required)
(American Express code is the four digits on front of card above ending card number)

Card Holder Name _____
(Print name as it appears on the Card)

Billing Address _____

City _____ State _____ Zip Code _____

e-mail address _____

Home Phone # _____

I, the card holder, authorize Hemisphere Travel, Inc. to charge my credit card the amount specified above.

X _____
Card holder signature