africa DISCOVERY
Unique Safari and Adventure Tours

CREDIT CARD AUTHORIZATION

Please sign and complete this form in order to authorize Africa Discovery/Dive Discovery Inc. to charge trip costs using your credit card. Return the form to us via fax (415) 444-5560 or mail or email info2@AFrica-Discovery.com

Please read Africa Discovery Booking Terms and Conditions carefully before signing.

TRAVELER(S) NAME:_____

DEPARTURE DATE:_____DESTINATION:_____

CARD HOLDERS NAME:_____

TYPE OF CARD: VISA___   MASTER CARD ___AMEX___   3 or 4 Number <u>security</u> on back or front of card_____

CARD NUMBER:_____EXP DATE:_____

BILLING ADDRESS (Must be correctly indicated, or card will not be accepted by Africa Discovery/Dive Discovery Inc).

STREET NAME & NUMBER: _____

CITY, STATE, COUNTRY & ZIP:_____TEL:_____

I verify that all information is correctly provided, and that I, the undersigned, am the card holder of the above credit card. I further verify that the signature is my signature as indicated on the reverse of the above indicated credit card. I hereby authorize Africa Discovery/Dive Discovery Inc. to charge my indicated credit card, without an imprint for the amount of:

US DOLLARS $ (FIGURES ONLY) _____

TOTAL US DOLLARS $ (WORDS ONLY)_____

Payments received for the trip booked above by the stated credit card constitutes acceptance of tour participation by travelers indicated above.

I authorize Africa Discovery/ Dive Discovery Inc. to charge my credit card for travel expenses. The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

"I have read and accept Africa Discovery/Dive Discovery Inc. booking Terms and Conditions including the cancellation and refund policy.

CARDHOLDER SIGNATURE

:X_____DATE:_____