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Ada, MI 49301 USA

Credit Card Authorization Form

PLEASE READ CAREFULLY. THIS IS A LEGALLY ENFORCEABLE DOCUMENT

In order to authorize us to charge your credit card with the deposit and final payment related to your tour and air tickets (if purchased through us), kindly complete this form and fax it to us at 1.630.889.8278, along with a clear photocopy of the front and back of the related credit card.

In lieu of my credit card imp	rint, I			
		(Name of cardholder as shown	on credit card)	
hereby authorize A&S Trave	ls, Inc., DBA A&S Signature	Journeys, to charge my credit card:		
Type of Card:	Card No:		Pin #:	
··		(Omit the last four numbers, for your secur	rity)	
Expiration Date:		USS	\$:	
(Amount in words):				
For payment of air tickets / 1	tours / deposit / Insurance	for myself and/or the following persons:		
	(Name	of persons other than credit card holder)		
For Travel to:		Departing on:		
My Billing address:				
Telephone (day)		(street) (evening)	City/State	Zip
card. I waive my right to disp	oute these charges.	lled in accordance with the standard poli		_
Cardholder's Signature:		Date:	:	

A&S Travels, Inc. does business as A&S Signature Journeys

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