imtravel Credit Card Authorization Form

Israel Pastoral Study Tour
Nov. 29th to Dec. 10th, 2009

Customer must SIGN this form and mail or fax the original with registration form.
One credit card form per registration form.

Card Holder Name:	
Card Holder Billing Address	Address:
	City: / State: / Zip:
	Cardholder Home Phone Number:
Credit Card: (Check one)	☐ Visa ☐ MasterCard
Credit Card Number:	
Credit Card Security Number: Last 3 digits on the reverse of card.	Credit Card Expires: (mm/yy) ☐☐ / ☐☐
Amount Authorized:	$ **Minimum Deposit**
Card Holders Signature:	**Date**(mm/dd/yy):

I hereby authorize **imtravel, Co.** to charge my credit card $_____as a deposit for the **Israel Pastoral Study Tour,** signing this form I further state that I have personally read the attached terms and conditions and agree to each of them. Specifically, I understand that should I cancel my trip for any reason, I will be charged the cancellation fee set out in the "Cancellations & Refunds" section.

This form must be accompanied by a copy of the credit card, front and back, as well as a photo I.D.

Please note your charge will be listed as a purchase from High Plains Rodeo.

Complete the credit card authorization form and mail or fax to:
imtravel; Attn: Shane, 5527 N Union Ste 101; Colorado Springs CO 80918
719.597.0004 phone / 719-597-0637 fax