



Credit Card Authorization Form

Fill out this page, then scan and email to info@hetravel.com or fax to 305-292-9665

Trip Name(s): _____

Trip Dates: _____

Name of Traveler(s): _____
(as shown on Passport):

Amount to Charge in US Dollars: _____

Master Card _____ Visa _____ AMEX _____ Discover _____

Card Number: _____ Exp: _____ Security Code: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State/Province _____ Zip/Postal Code: _____

Country: _____ e-mail: _____

Phone: _____ Fax: _____

I authorize HE Travel, Inc., to charge my credit card for the amount shown above.

Signature: _____ Date: _____

Note: Charges will appear on your statement as "Hanns Ebensten Travel, Inc." Cancellation charges will apply, as stated in the terms of the reservation application if this reservation is cancelled.

HE Travel
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