



Credit Card Authorization Form

Print and fill out this page, then return by fax to: 305-292-9665 or scan/email to andrea@hetravel.com

Trip Name: _____

Trip Dates: _____

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

Special Notes: _____

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 terms apply, as stated in the terms of the reservations form and agreement if this reservation is cancelled.

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