

## Credit Card Payment Form

Please read the All Star Travel Crew Tour Participant Agreement (TPA) prior to completing this form. By signing this form you agree to the TPA.

Fax or mail this form to:

**All Star Travel Crew, Inc.**  
**1455 N. Maplewood, Suite 2E**  
**Chicago, IL 60622**  
Fax to: #773-278-5772  
Questions call: #1-800-575-2351

### Traveler Information:

Traveler First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Group Name \_\_\_\_\_ Destination \_\_\_\_\_

Departure Date (circle one):      Spring Break                      Senior Grad Trip

### Card Information:

Card# \_\_\_\_\_ 3 Digit Sec. Code (last 3 #'s on Signature Line) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount to charge card \$ \_\_\_\_\_

Card Type: VISA    MC    Amex    Discover

Print name as it appears on card \_\_\_\_\_

Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

I, the undersigned, hereby authorize the amount outlined above to be charged to my credit card for the vacation package(s) specified above. I understand that all payments are non-refundable as outlined in the All Star Travel Crew Tour Participant agreement. Service Charge: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid"). I hereby waive all rights to chargeback this credit card as a means to settle a dispute.

Signature of card holder \_\_\_\_\_ Date \_\_\_\_\_

