

Credit Card Payment Form for Group Travel

Kindly complete this form by filling in the fields and printing the page, and either fax or mail to Gate 1 Travel.
We cannot accept electronic submissions.

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Passenger name(s) _____

Reservation # _____

Amount Agreed: \$ _____

Amount Agreed in text: _____
(please write out as you would a check)

Cardholder _____
(print name)

Home Phone _____

Cardholder billing address: _____

Street _____

City _____ State _____ Zip _____

Card # _____

Expiration Date _____

Type of Card Visa MasterCard AmericanExpress Discover

Please initial below, sign and submit with your payment. Travel documents will be sent once this form has been received by Gate 1 Travel.

___ I have read and understood all terms and conditions including the terms of cancellation policies which may be reviewed at www.gate1travel.com/terms.aspx. My payment and signature below constitute acceptance of those terms.

Cardholder's Signature _____

Name (printed) _____

Date _____