



195 Brenneman Road
Lancaster, PA 17603
(717) 464-7119
(717) 464-4203 FAX

JENKINS TRAVEL CHARGE CARD FORM

Please fill out this form and return it to us. We can only charge your credit card for the amount noted if your signature, home address, and phone number is provided. Thank you.

Confirmation #: _____ Tour Operator: _____

Departure Date: _____

Name of Passenger(s): _____

I give permission to charge my:

MASTERCARD VISA DISCOVER AMERICAN EXPRESS

for the DEPOSIT/FINAL PAYMENT of the above mentioned package.

CARDHOLDER NAME: _____

CARDHOLDER ADDRESS: _____

CARDHOLDER PHONE NUMBER: _____

CREDIT CARD NUMBER: _____

CCIV NUMBER (3-Digit security code on back of card) * _____

EXP DATE: _____ **AMOUNT TO BE CHARGED:** _____

SIGNATURE: _____ **DATE:** _____

By checking this box I am requesting you to please charge my final payment to this card when it is due.

**If you are using AMEX it is a 4-digit number on the front upper right corner of the card.*

Participating credit card companies are REQUIRING billing addresses and phone numbers for FRAUD PREVENTION. All information must be provided. Thanks for your cooperation!