

# CULTURE QUEST CREDIT CARD AUTHORIZATION FORM

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

I authorize Culture Quest, Inc. to charge the following credit card:

Amount:	
Type of Card:	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Card Number:	
Expiration Date:	
3-Digit Security Code:	

\_\_\_\_\_  
**Card Holder Signature**

\_\_\_\_\_  
**Date**

Please fax or mail this form to



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tel: 800-678-6877 • fax: 215-923-1146