

Credit Card Payment Form

Sports America Tours
141 Stony Circle Ste. 155, Santa Rosa, CA 95401

Legal Name _____

Billing Address _____ State _____ Zip _____

Credit Card Number _____ Expiration Date _____

Security Code _____ (What's this? – the three digit number on the back strip of the card)

Total Package Cost \$ _____

3% add on \$ _____

Amount Authorized to be charged \$ _____

By signing below, I agree to the terms and conditions stated on the attached trip application. I also authorize Sports America Tours to make charges in accordance with the payment schedule stated on the attached application.

Signature

Date



800-875-8551 info@sportsamerica.com