



Date: _____

I authorize Travel Haus of St. Louis to charge Deposit today \$ _____ up to (total) \$ _____

To my credit card to secure travel to _____ Date of travel _____ to _____

Resort _____ Room Category _____

Passengers' legal names **EXACTLY** as they appear on the passports / ID's:

(Passport must be valid for 6 months AFTER the return date of travel).

1. _____ Gender M / F DOB _____

2. _____ Gender M / F DOB _____

3. _____ Gender M / F DOB _____

4. _____ Gender M / F DOB _____

Phone number: _____ Email: _____

Billing address: _____ City: _____ State: _____ Zip: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Name on credit card: _____ Type of credit card _____

Credit Card # _____ Exp: _____
(OR call the office with full number)

Security code: _____ (VI/MC/DS on back 3 digits & AX on front 4 digits)

I authorize final payment to be made to this credit card 45 days prior to departure. Yes _____ No _____

Signature: _____ Date: _____