

# Credit Card Payment Form

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: \$ \_\_\_\_\_

Cardholder \_\_\_\_\_  
(print name)

Home Phone \_\_\_\_\_

Cardholder billing address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card # \_\_\_\_\_

Type of Card  Visa  MasterCard  AmericanExpress  Discover Expiration Date \_\_\_\_\_

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.classic-pilgrimages/terms.asp](http://www.classic-pilgrimages/terms.asp). My payment and signature below constitute acceptance of those terms.

Cardholder's Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

**Fax to Gate 1 Travel at 215-886-2228**  
**or mail to: Gate 1 Travel • 455 Maryland Drive • Ft. Washington PA 19034**

