



**SKYLINE ADVENTURE SCHOOL**  
QUALITY GUIDED TRIPS & PROFESSIONAL OUTDOOR INSTRUCTION

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## CREDIT CARD PROCESSING FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE SPECIFY: Deposit or Payment in Full	PRICE PER PERSON	NUMBER OF CLIENTS	SUBTOTAL
For Credit Card Payments, 3 % Processing Fee Will Be Added To All Transactions:			
TOTAL:			

PAYMENT TYPE: VISA \_\_\_\_\_ MC \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_  
(last three digits on card back)

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I agree to pay the above amount, according to the card holder's agreement, for the services of the Skyline Adventure School, LLP. I understand the terms of payment and the refund / cancellation policies.

CARDHOLDER'S SIGNATURE: \_\_\_\_\_