SKYLINE ADVENTURE SCHOOL
QUALITY GUIDED TRIPS & PROFESSIONAL OUTDOOR INSTRUCTION

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CREDIT CARD PROCESSING FORM – MAP SALES

DATE: _____

NAME: _____

SHIPPING ADDRESS: _____

_____

_____

EMAIL: _____

QUANTITY NORTHERN MAP	QUANTITY SOUTHERN MAP	QUANTITY HUAYHAUSH MAP	TOTAL MAPS	TOTAL COST = QTY MAPS X $12 USD
SHIPPING COSTS WILL BE ADDED TO TOTAL WHEN PAYMENT IS PROCESSED			TOTAL:	

PAYMENT TYPE: **VISA** **MC**
(mark with an X) _____ _____

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 products/services of the Skyline Adventure School, LLP. I understand the terms of payment and the refund / cancellation policies.

CARDHOLDER'S SIGNATURE: _____