

Payment Form
State of the Heart Fitness, Inc
Peru and the Inca Trail, August, 2010

Number of Passenger(s) to be Billed _____

Billing Information

Name _____

(Please print name as it appears on the credit card)

Street _____

(Please print EXACT current billing address that matches credit card)

City _____ State _____ Zip _____

Phone: home _____ cell _____

Credit Card Information

Card Type (circle one): VISA MASTERCARD

Credit Card Number _____ Security Code (on back of card) _____

Expiration Date: (Month) / (Year) _____

Authorization Amount

Deposit

A \$1500.00 deposit per person is required to secure the trip reservation. The final balance of the trip cost is due 60 days prior to departure, payable by check, credit card or money order.

\$ _____ deposit X _____ persons =

Total Deposit Amount: \$ _____

Deposit due upon reservation

Final Payment

I will pay by (circle one): CHECK CREDIT CARD

Total Trip Costs \$ _____ X _____ persons =

Final Payment Amount: \$ _____

Authorization

I, _____, authorize State of the Heart Fitness, Inc. to charge my credit card for the amount(s) specified above on this document.

Signature _____

Date: (Month) / (Year) _____