



111 N. Broadway Salem, IL 62881 phone: (618) 548-6000 (800) 548-6002 www.SalemTravel.com mail@salemtravel.com

I authorize Salem Travel Bureau to charge a deposit today of \$ _____

to my credit card to secure travel to _____

Date of Travel _____ to _____

Resort/Ship _____

Room Category _____

Passengers' legal names EXACTLY as they appear on the passports/ Real IDs.
Passports should be valid 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: _____

Same: _____ or Mailing Address: _____

City: _____ State: _____ Zip: _____

Name on Credit Card: _____

Credit Card # _____ Exp: _____

or call the office with full number.

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

I authorize automatic payment to be made to this card on final payment due date. Yes ___ No ___

Cardholder Signature: _____ Date: _____

Authorization for CREDIT CARD USE

Please attach a copy of the credit card (front and back) and Real ID or Passport. You may text to 618-533-5533 or email Mail@SalemTravel.com.