www.exchile.com

Expediciones Chile
PO box 752
Sun Valley, ID 83353

Expediciones Chile Credit Card Payment Form

Complete form using black ink and fax it to our Sun Valley Office: 360.937.9922

Trip Information:

Trip Name: _____ Trip Start Date(day/month/year) _____/_____/_____

If paying for others please list names: _____

Credit Card Information:

Full name (as appears on credit card):		
Street/Apt #, PO Box:	City /Town:	
State/Province:	Zip Code, Country:	E-mail address:

Credit Card Numbers & Charge Authorization:

Card Number:

☐ MASTERCARD ☐ VISA ☐ AMEX ☐ DISCOVER SECURITY CSC #: (on card back)

amex = 4 digits

Expiration Date: / .

AMOUNT (US$)	CHARGE FOR	AUTHORIZATION DATE
Charge #1	☐ DEPOSIT ($400 x persons) ☐ BALANCE ☐ OTHER	_____ DAY / MONTH / YEAR
Charge #2	☐ BALANCE ☐ OTHER Authorize balance to be paid 90 days before start of your trip.	_____ DAY / MONTH / YEAR

_____

Signature of Card Holder & Date

ExChile Cancellation Policy: For the full details of our cancellation policy see our website. Our cancellation policy applies in every instance without exception and is summarized below. We strongly encourage travelers to purchase cancellation insurance.

91 - or more days prior to trip start date $150 fee
61 - 90 days full deposit amount
0 - 60 days no refunds (transfers may be possible)