



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: _____