



CREDIT CARD AUTHORIZATION

Please complete this form, sign and return to the address below at the time of booking your BikeHike Adventure.

I, _____ give authorization to BikeHike Adventures Inc. to charge \$ (SPECIFY AMOUNT) _____ for travel arrangements requested by me or for me via telephone, fax, or in writing, on the credit card listed below.

I understand that BikeHike Adventures Inc. will process only such charges on the credit card(s) as the card issuing company allows.

I authorize that the payment charged be applied to bookings for the following people:

(PLEASE PRINT ALL NAMES HERE, SEPARATED BY COMMAS) _____

I further declare that the signature appearing below is identical to the signature appearing on my credit card.

CREDIT CARD

CARDHOLDER'S NAME: (PLEASE PRINT) _____

VISA MASTERCARD

CREDIT CARD NUMBER: (LAST 4 DIGITS ONLY) _____

MAILING ADDRESS: _____

ZIP/POSTAL CODE: _____

CITY: _____ STATE/PROVINCE: _____ COUNTRY: _____

HOME TELEPHONE: _____ CELLULAR TELEPHONE: _____

EMAIL: _____

CARDHOLDER'S SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM TO:
BikeHike Adventures Inc.
210-1807 Maritime Mews, Vancouver, BC V6H 3W7 Canada
Phone: 604.731.2442 Toll Free: (888) 805.0061 Email: info@bikehike.com