

Make-A-Payment Form

Trip Name and Date of Trip:

Traveler #1 Name:

Payment Amount #1:

Traveler #2 Name:

Payment Amount #2:

Traveler #3 Name:

Payment Amount #3:

Traveler #4 Name:

Payment Amount #4:

TOTAL PAYMENT AMOUNT:

The credit card holder must be a passenger on the selected cruise or vacation. If the cardholder is not traveling, please call our office for assistance. All payments will be processed within 2 business days; you will receive a confirmation by email or mail, once payment has been processed.

Payment Information

Payment Type

Credit Card Holder Name:

Billing Address:

City:

State/ Province:

ZIP/ Postal Code:

Credit Card Number:

Expiration Date:

Phone Number:

Email Address:

I understand that my credit card will be charge for the total amount listed above and this amount will be credited to the passengers listed above.

Type your name here to verify charge:

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FAX: 910.795.2487 ~ WWW.SJCONCIERGE.COM
