

**Please use this form if you choose to make credit card payments.**

**Request to Charge Credit Card for Kemet Nu Ethiopia Tour Payment**

**Fax to: Kemet Nu Tours (214) 371-0908. Mailing Address: P.O. Box 41005, Dallas, TX 75241**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Credit Card Billing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

To: Kemet Nu Tours

Please charge my credit card \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment for: (please list names of travelers): \_\_\_\_\_

\_\_\_\_\_

**Security Validation Number:** \_\_\_\_\_

**(3 digits on back of Visa, Mastercard or Discover, 4 digits on front of AMEX).**