

Fratelli & Co. Group Travel

P. O. Box 479
Bernardsville, NJ 07924
Tel & Fax (908) 766-8994



Asta Member

Email: louis@fratelliandcompany.com

Website: www.fratelliandcompany.com

CREDIT CARD ACCEPTANCE FORM

PLEASE PRINT CLEARLY

FULL NAME: _____
(AS IT APPEARS ON THE CREDIT CARD)

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ **Email:** _____

SALE AMOUNT TO BE CHARGED: _____

CIRCLE ONE: **CARD NUMBER:** _____



CVV2 NUMBER: _____

(the last 3 digits on the back of your credit card)



EXPIRATION DATE: _____

SIGNATURE: _____
(AS IT APPEARS ON YOUR CREDIT CARD)

After completing this form, please fax or mail to the address above. A receipt will be mailed to you.