

FOR USE FOR DEPOSIT/FINAL PAYMENT ON YOUR TRIP

I _____ Authorize _____ to charge my credit card
(NAME) (COMPANY)

GROUP NAME: LEWIS HYBRIDS

AMOUNT \$ _____

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CID # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

EMAIL TO:
sylvia@cornerstonetravel.com

OR FAX TO:
CORNERSTONE TRAVEL GROUP
(402) 423-9208 fax

CORNERSTONE TRAVEL GROUP
4301 So. 84th Street
Lincoln, NE 68516
402-423-4646 / 800-876-1187

DO NOT WRITE BELOW. COMPANY USE ONLY.
NOTES:
