



350 Ramapo Valley Road  
Suite 18-131  
Oakland, NJ 07436  
Phone: (215) 923-3788  
Fax: (201) 465-2568  
www.bluemarble.org

**Please use this form to authorize charges in \$US only.**

“I, the undersigned, authorize Rail Europe to debit my credit card for \$ US \_\_\_\_\_ ,

[please write out sum here] \_\_\_\_\_,  
for the purchase of European travel, and / or related fees and services.”

**CARD INFORMATION**

Card Type (circle one): AMEX      VISA      MC      Diner’s

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

Expiration Date: \_\_\_\_\_ If a U.S. card, Zip Code of billing address \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Please check here if you would like us to hold your credit card charge for replacement by check, and read the following statement (which you are about to sign, so you should know what it says)\_\_\_\_\_

“If I have requested that you hold my credit card charge so that I may replace it with a check, I understand that you will now obtain authorization to charge my card, but will not debit the card. However, my card’s available credit will be reduced by the authorized charge amount. Should my replacement check not reach you within 45 days of the date (below), my card will be automatically charged for the amount authorized, plus a \$20 service fee, without any further notification.”

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

Please include a legible photocopy of the front and back of the card.

Thank you in advance.