

# VEP ASSOCIATES-TRAVEL

VEP ASSOCIATES PROFESSIONAL SERVICES

P.O. BOX 103 JENKINTOWN, PA. 19046

OFFICE: 215-224-1404

CLIENT OR GROUP NAME:

TRAVEL DATE:

NAME ON CARD: \_\_\_\_\_

PLEASE CHECK ONE: VISA \_\_\_ MASTERCARD \_\_\_ AMERICAN EXPRESS \_\_\_ DISCOVER \_\_\_

CREDIT CARD #; \_\_\_\_\_ EXP DATE: \_\_\_\_\_

3 DIGIT CODE: \_\_\_\_\_ 4 DIGIT CODE ON AMERICAN EXP CARD \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS OF CARD HOLDER:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

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