

Please use this form if you choose to fax or mail credit card payments.

Request to Charge Credit Card for Kemet Nu Egypt 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): _____

Please provide credit card security number _____

This is a 3 digit number on back of Visa, Mastercard or Discover or 4 digits on the front of AMEX. If you cannot provide the validation number, please make a copy of front and back of credit card.