

MPD Tour America

Payment Form



Student ID# _____

Name _____

Address _____ City _____

State _____ Zipcode _____

Please type 1 number per box

Credit Card # - -

Expiration Date

CVC code _____

Type of Card

Three digits on back of card

Select Trip

People

TOTAL CHARGE _____

Please type in the information requested, save the form and email it to info@mpdtoursamerica.com. If you prefer, you can type in the information, print and fax it to +1 718 439 8565