



Since 1974

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CREDIT CARD APPROVAL FORM

I AUTHORIZE PERSVOYAGE TRAVEL TO CHARGE MY CREDIT CARD THE AMOUNT OF (TOTAL MUST INCLUDE DELIVERY FEE) :

\$ \_\_\_\_\_ Credit Card Type : Master  Visa  American Express  Discover  Other : \_\_\_\_\_

Credit Card Number : \_\_\_\_\_ Exp.Date : \_\_\_\_\_ Approval Code : \_\_\_\_\_

Security Code (3 or 4 digit number on the back of credit card) \_\_\_\_\_

Card Holder Signature : \_\_\_\_\_

#### CARD HOLDER BILLING INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City : \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### PASSENGER NAME(S) as they appear on their travel documents (passport):

1. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address (If different from Billing/Shipping address) \_\_\_\_\_  
 \_\_\_\_\_  
 Mr./Mrs./Ms./Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year  
 Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address (If different from Billing/Shipping address) \_\_\_\_\_  
 \_\_\_\_\_  
 Mr./Mrs./Ms./Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year  
 Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### ROUTING

FROM \_\_\_\_\_ TO: \_\_\_\_\_ TO: \_\_\_\_\_ TO: \_\_\_\_\_ TO: \_\_\_\_\_ TO: \_\_\_\_\_

PARTIALLY USED TICKETS/NO-SHOWS ARE NONREFUNDABLE.

**FORM #1**  
**Fax: 561-347-0985**