



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.

TICKET IS NON-REFUNDABLE FORM #2

Fax: 561-347-0985