



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 561-908-2945