



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 561-908-2945**