



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 _____ Approval Code: _____
Credit Card Number: _____ Exp. Date: _____
Card Holder Signature: _____

CARD HOLDER BILLING & SHIPPING INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

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: ____/____/____

Passport Number: _____ Expiration Dated: _____

2 First Name _____ Middle Initial: _____

Last Name _____

Address (If different from Billing/Shipping address): _____

Mr./Mrs./Ms./Child: _____ Date of Birth: ____/____/____

Passport Number: _____ Expiration Dated: _____

ROUTING

FROM _____ TO _____ TO _____ TO _____

REFUND/EXCHANGE FEE BEFORE DEPARTURE 475.00 EACH TICKET PLUS FARE DIFFERENCE IN FARE, BUSINESS CLASS 650.00 EACH TICKET. PARTIALLY USED TICKETS/NO-SHOWS ARE NONREFUNDABLE.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- A. Credit card-Front Side
- B. Credit card-Back Side
- C. Driver's License, State or Military ID for verification