



CREDIT CARD AUTHORIZATION FORM

Please complete the following form and click the SUBMIT button at the bottom. Be sure to print a copy as well as you MUST send us a photocopy of the back and front of the credit card and a copy of the cardholder's driver's license or other Government issued identification. If you fail to Fax or mail this information it will delay processing time.

Note: Documents (airline tickets, etc) will be delivered to the address of the cardholder. 4% credit card processing fee will be added to total below.

CHECK CARDS AND DEBIT CARDS NOT ACCEPTED

YOUR INFORMATION	
NAME:	
ADDRESS:	
CITY:	
STATE:	
ZIP:	
PHONE:	
TRAVELER(S) INFORMATION	AMOUNT
NAME:	
NAME:	
NAME:	
CREDIT CARD INFORMATION	AMOUNT
CARD NAME:	
CARD TYPE:	American Express ___ Discover ___ Visa ___ Master Card ___

Palace Travel, Inc. ~ 5301 Chestnut Street - Philadelphia, PA. 19139
 Toll Free: (800).683.7731 Office: (215) 471.8555 Fax: (215) 471.8898
 (w) www.palacetraavel.com ~ (e) info@palacetraavel.com

CARD NUMBER:			
EXP:		CV2 Code:	



The CV2 code is the last 3 digits on the back of your Visa or Master Card or the 4 digits on the front of American Express

I agree to pay the full amount indicated on this form and any other legal fees associated with this transaction.

I _____ have read and understand the terms and conditions of PALACE TRAVEL, and I agree to them completely. I authorize PALACE TRAVEL to charge in FULL the amount of:

AMOUNT:			
4% Fee:			
GRAND TOTAL:			

Please be sure that the information you have entered is correct before you click the SUBMIT button.

IMPORTANT: Do Not Forget to Fax or Mail a copy of your ID. We must have that in order to complete your travel arrangements.

FAX: 215.471.8898