



829 Chaplin Ave N
 Lehigh Acres, FL 33971
 Tel: (866) 999-0299 Fax (416) 646-0897
 E-mail: info@palmviewtours.com

CREDIT CARD AUTHORIZATION

This shall be good and sufficient authority for Palm View Tours & Travel INC to charge travel arrangements to my credit card as noted below:

Credit Card # _____ Expiry: _____

Total amount: \$ _____

Cardholder name: _____

Address: _____

City: _____ Postal code: _____

Telephone no : _____ Fax no: _____

Travellers' names:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Travel insurance has been offered: Accepted _____ Declined _____

INSURANCE WAIVER DECLARATION

In declining to purchase travel insurance I, the undersigned, will not hold the Tour Operator responsible for any expense incurred from any sources as a result of my refusal to purchase travel insurance. *** We highly recommend that you purchase travel insurance

Cardholder signature: _____ Date: _____

Reservation Agent: _____

Please ensure a photocopy of the Credit Card, both front and back is attached to this form. Fax to: 416-646-0897

Other forms of payments available:

Direct Deposits to our Bank Accounts under Palm View Tours & Travel INC

**Bank: Bank of America
 Account: 229046958052**

**Account Address: 5307 LEE ST
 LEHIGH ACRES FL 33971-1528**