

PANORAMA TRAVEL

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AUTHORIZATION FORM

I, _____, authorize Panorama/Picasso Travel

to charge my credit card _____

(Visa / MasterCard / American Express / Discovery)

Card number: _____

CVV: _____

Expiration date: _____

Billing address: _____

With the amount of: \$ _____

As prepayment for: _____

I'm in agreement with the booking/cancellation policy and conditions of this reservation.

Date _____

Signature _____

***IF YOU WISH TO PURCHASE TRAVEL INSURANCE, WHICH IS HIGHLY RECOMMENDED, YOU
MUST PURCHASE WITHIN 14 DAYS OF DEPOSIT PAYMENT***

If you are using the Passenger's Credit Card, please print and fax the signed authorization form
with a copy of your passport and a copy of your credit card to: 888-678-2978