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Phone 800.322.0788 • 610.286.0788  
Superior Quality Tours Since 1987

## CREDIT CARDHOLDER'S AUTHORIZATION

Please print form, complete and return to Pilgrim Tours, PO Box 268, Morgantown, PA, 19543  
or Fax to Pilgrim Tours at 1.800.501.1194

Attention Pilgrim Agent: \_\_\_\_\_

Destination or Tour Name: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_

If traveling with a tour:

- I decline the insurance offered by Pilgrim Tours and understand the cancellation policy.
- I may purchase insurance from another source. Insurance should be paid at time of deposit.

In lieu of my Credit Card Imprint,

I \_\_\_\_\_ hereby authorize Pilgrim Tours

(PRINT NAME OF CARDHOLDER AS SHOWN ON CREDIT CARD)

To charge my  Mastercard  Visa  American Express

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

In the Amount of: \$ \_\_\_\_\_ for payment of travel arrangement for myself and/or

Full Name of Passenger if other than Cardholder: \_\_\_\_\_

My Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

You must provide a legible copy of this credit card, front and back, and a copy of either a photo drivers license or current passport to verify identity.

Signature below indicates acknowledgement of charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing credit card.

\_\_\_\_\_  
Cardholder's Signature Required

\_\_\_\_\_  
Date