



## Credit Card Authorization Form

### Peter's Way Tours Inc.

500 North Broadway – Suite 221 • Jericho, NY 11753  
516-605-1551 • 800-225-7662 • fax: 516-605-1555

**This form is only to be used if you are making a tour payment.  
It is not necessary to complete this form in order to use your credit card overseas.**

I, \_\_\_\_\_, authorize Peter's Way Tours Inc. to charge  
\$ \_\_\_\_\_ plus a \$100 convenience fee to the following credit card:

Card Type: (please circle)      VISA      MC      AMEX      DISCOVER

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

\*Participant Name(s): \_\_\_\_\_

(if different from cardholder) \_\_\_\_\_  
\_\_\_\_\_

\*If the amount charged applies to more than one participant, please specify all participant names and amounts to be applied.

Group Tour Code: \_\_\_\_\_

I am fully aware of the Peter's Way Tours Terms and Conditions as outlined on the back of the trip brochure, including the cancellation policy. From the time your deposit is received, there are cancellation fees that apply. Please refer to the back of your trip brochure for the applicable cancellation policy. Travel insurance is offered as protection in case of illness. **Tour participation is nontransferable. Names cannot be transferred on reservations or airline tickets.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Please note: Peter's Way Tours will not accept credit card numbers via telephone or e-mail. You may fax this form to 516-605-1555 or mail it to the address noted above. All fields on this form are required in order to process your transaction.