



SEE ITALY

BY LAURA MASSONI TRAVEL



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CREDIT CARD AUTHORIZATION FORM

This form needs to be filled out, signed and emailed to info@lauramassonitravel.com or laura@lauramassonitravel.com or faxed to our office: 858-597-0757 in order to finalize your booking. A confirmation that we have processed your payment will be sent together with the invoice via email upon receipt of your faxed authorization.

Travel Agent and Agency: _____

Travelers' name: _____

I authorize SEE ITALY by LAURA MASSONI TRAVEL to charge my Credit Card for my tailor-made travel experience to Italy:

See Italy total trip amount: _____

Deposit due on confirmation: _____

Balance due 60 days prior to your trip: _____

Date: _____ Card holder's signature: _____

By signing this form, you confirm that you have read and fully understood LMT Fine Print

Credit Card type: Visa Master Card Discover American Express

Credit Card number: _____

CCV number (card verification number): _____

Expiration Date (Month/Year): _____

Card holder's name as it appears on Card: _____

Card holder billing address:

Street: _____

City: _____

State: _____ Zip: _____

Home telephone: _____ E-mail: _____

Cellular: _____

Please also provide the Legal names of ALL persons traveling, according to their Proof of Identity.

NAMES:

DATE OF BIRTH:

A)

A)

B)

B)

SPECIAL OCCASIONS, IF ANY, TO BE CELEBRATED WHILE TRAVELING TO ITALY:

BIRTHDAY / ANNIVERSARY DATE: