



**ITALY VACATION
SPECIALISTS**
A WORLD WORLD VIEW
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AUTHORIZATION FORM FOR PAYMENT BY CREDIT CARD

BY FILLING OUT THIS FORM YOU AND/OR THE PARTY YOU ARE SIGNING FOR AGREE
TO THE TERMS AND CONDITIONS AS STATED ON THE TERMS AND CONDITIONS SECTION OF
ITALY VACATION SPECIALISTS ON THE FOLLOWING URL
<https://www.italyvacationspecialists.com/terms-of-use.html>

DATE:

COMPANY OR INDIVIDUAL NAME:

OUR REF. / NAME OF CLIENT:

CREDIT CARD HOLDER NAME:

BILLING ADDRESS

CREDIT CARD No:

EXPIRATION DATE:

SECURITY NUMBER (CVC):

AMOUNT AUTHORIZED IN EURO OR DOLLAR:

WORLD VIEW CONSULTANTS INCORPORATED