CELEBRITY EQUINOX - Western Mediterranean Cruise - October 7th-16th, 2027

PLEASE CIRCLE:

Inside …… Outside …… Balcony …… Suite

Request: …… Single …… Double …… Triple …… Quad

Dining: 1st …. 2nd …… My Time

Insurance is Optional at Additional cost: YES or NO (Please Choose)

Prepaid Gratuities: YES or NO

List of Names of all Passengers and Date of Birth as Passport Reads
1._____
2._____
3._____
4._____
Address:_____
Phone: _____**Email:**_____

TRAVELWORLD
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www.travelworld1.com
sharon@travelworld1.com

CREDIT CARD AUTHORIZATION FORM AND SIGNATURE VERIFICATION
PLEASE PRINT ALL INFORMATION AND SIGN THE FORM

DATE:_____

I_____ AUTHORIZE BOWEN TRAVEL TO CHARGE MY CREDIT CARD IN THE AMOUNT LISTED BELOW.

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

_____

CARD HOLDER PHONE NUMBER: HOME: _____

EMAIL: _____

CREDIT CARD NUMBER:_____

EXPIRATION DATE:_____CID NUMBER: _____
THE CID NUMBER IS THE 3 DIGIT **ON THE BACK OF THE CARD** OR THE 4 DIGIT FROM THE **FRONT OF THE CARD**.AX

AMOUNT TO BE CHARGED TO THE ABOVE CARD: $_____
THE AMOUNT IS TO BE USED FOR: _____
(CRUISE, DEPOSIT, FULL PAYMENT, ETC.)