Vendetta Luther

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Cell: 301-466-9175

PAYMENT AUTHORIZATION FORM

Trip Name: **PARIS & LONDON TRIP 2024**

CHECK PAYMENT TYPE: **PAYPAL__ CHECK# _____ ZELLE___**

Full Name: _____

Address: _____

City:_____ State:_____

Zip: _____ Cell#:_____

DOB: _____

EMAIL: _____

Full Name of the Traveler(s) (as shown on your passport):

1. _____

2. _____

Authorization Amount US$_____ (don't leave blank)

I give full authorization to Vendetta Luther to apply the above mentioned amount toward my trip. I SHALL NOT DECLINE, REJECT OR DISPUTE THE AMOUNT FOR THE ABOVE MENTIONED TRANSACTION.

Signature:_____ (don't leave blank)

Date: _____ (don't leave blank)

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COMPLETE ALL THE PASSPORT INFORMATION: (first time only)

Passport #: _____ Date of Issue: _____

Date of Expiration: _____