



VISA CREDIT CARD AUTOMATIC CHARGE FORM		
CREDIT CARD NUMBER:		
EXPIRATION:	MONTH:	YEAR:
OWNER NAME:		
PASSPORT NUMBER:		
COUNTRY:		
ADDRESS:		
PHONE:	FAX:	
E-MAIL:		
TOTAL AMOUNT TO CHARGE IN U\$ AMERICAN DOLLARS:		

Automatic charge: The **VISA CREDIT CARD OWNER** signing this form authorizes **NOVA TOURS S.A.C** to charge the total amount indicated for the travel services, in the account of the **VISA CREDIT CARD** as mentioned.

CANCELLATION POLICY: All the cancellation will be 30 days before start the services requested. The penalties for cancellation after that will be:
The cost for the first night and any expenses did for **NOVA TOURS S.A.C**, without refundable.
Administration charge.
As a sing of conformity hereby the credit card owner sign below,

SIGNATURE:		
DATE:	/	/

**PLEASE PRINT AND COMPLETE THIS FORM AND SEND IT BY FAX TO NOVA TOURS S.A.C: (511) 440-5900
INCLUDING A COPY OF YOUR PASSPORT
AND CREDIT CARD**

Calle Gervasio Santillana # 181 - Miraflores
Lima 18, Perú
Telefax: (51-1) 440-5900
E-Mail: emaramburu@novatoursperu.com