



APPLICATION FORM

To become a member of the Prestige Passport to Travel Club
send only a **\$99.00** processing fee.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK #: (_____) HOME #: (_____)

FAX #: (_____)

E-MAIL ADDRESS: _____

YES, Please send me special offers and notices via email!

Payment Type: _____ Check _____ Credit Card ***Make Checks Payable to PTS Travel***

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AMEX

Card #: _____ Expiration Date: _____

_____ I understand that the \$99.00 processing and shipping fee will be
charged to my credit card.

Cardholders Signature: _____ Date: _____

Sponsor: _____ AIN: _____

PTS Representative: _____

Send or Fax to:
PTS TRAVEL
4802 Gunn Hwy, Suite 158
Tampa, FL 33624
(813) 264-5736

PTCWeb