

Billing Copy

Name(s)				
Street Address				
City, State Zip				
********Bill Enclosed******				

Questions?	
Call us Toll free 1-800-322-0788	
Your Pilgrim Tours' Travel Agent:	

Allianz Travel Insurance				
Need Travel Insurance? If you have not yet				
purchased travel insurance but would like to now,				
please add the amount selected to your final balance				
*Only available to US residents.				
☐ I have already added insurance				
☐ I decline the insurance offered				
☐ Horizon Plan (7.6%)				
☐ Unforeseen Reasons (10.25%)				

	Tour Name	_	Bill Summary	
Description	Cos	st	Quantity	y Total
Subtotal				_
Allianz Travel Insurance				
Total cost:				
Insurance & Airfar	e Paid Dire	ctly on Tra	veler Credit Card	
Total Direct Payments				
Net Amount Due to Pilgrim Tours				
-	ments to P	ilarim Tow	rc	
ray	illelits to F	iigiiiii ioui	13	
Payment Due Date:		Balance	due in USD:	
Please detach this portion and return with	payment to:	Pilgrim Tou	rs, P.O. Box 268, M	lorgantown, PA 19543
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Cradit Card Information:		1		Travelers:
Credit Card Information:	\ /:			Name(s)
☐ Discover ☐ Mastercard ☐	Visa			Street Address
CC#				City, State Zip
Exp. Date Sec. Code (3 digits on back)			Destination:	Tour Code:

Payment <u>cannot</u> be made by phone. A signature is required to process a payment.

Please make all checks (including insurance) payable to:
Pilgrim Tours

Signature:

To pay online please visit us at: www.pilgrimtours.com/pay.htm

Name(s)				
Street Address				
City, State Zip				
Destination:	Tour Code:			
Agent Name:	Tour Dates:			

Due Date:	Amount Due:			
Total Enclosed:	\$			
I have added insurance to my final balance				