

# ADDITIONAL PAYMENT FORM FOR LUMINATI JOURNEYS

Name (as registered): \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

1st Phone (\_\_\_\_\_) \_\_\_\_\_ 2nd Phone (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Name and Date of Journey \_\_\_\_\_

Monthly Savings Program?: Yes or No

Money Order or Personal Check Enclosed \_\_\_\_\_

Master Card \_\_\_\_\_ or Visa \_\_\_\_\_ Authorized Amount for Credit Card \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ *(Please Sign! Thank you.)*

\*\*\*\*\*Please, fill in the passenger information, include payment amount, credit card number, expiration date and authorization signature or enclose money order payable to Luminati, Inc.

Then, mail form to: Luminati, Inc., PO Box 2162, Carefree, AZ 85377.

Or fax this form to: Luminati, Inc., +1 480-488-1180

For questions call toll-free 888-488-1151 or +1 480-488-3802

Comments or Questions:

