

CREDIT CARD AUTHORIZATION FORM

In order to process your credit card information, we require your signature. Please select one of the following options: 1. type your name and return by email (electronic signature), or 2. print the form, sign, and return via email or postal service.

I, _____ am using my
_____, with the last four digits of _____
(American Express, Visa, MasterCard, Discover, Apple Pay)

in the amount of US\$ _____ for services related to travel to/in the country of
_____ on an Aquatic Adventures expedition starting on the
date of _____. Invoice # _____.

Signature _____ Date _____ Name as it appears on the card _____

Billing Address _____ Daytime Phone _____

City, State, Postal Code, Country _____ Evening Phone _____

E-mail Address _____

CREDIT CARD PAYMENTS CANNOT BE ACCEPTED FOR GROUPS OR FULL BOAT CHARTERS

I fully understand that **all deposits and payments** on Aquatic Adventures expeditions **are non-refundable** as per the policies listed at the bottom of your invoice. I also understand that all airfare and hotel cancellation/change policies will apply and unused portions of tickets, vouchers or packages are non-refundable.

Signature _____ **Date** _____

Aquatic Adventures
P.O. Box 551408, Davie, FL 33355 Tel. (954) 382-0024
Web Site: www.aquaticadventures.com
E-mail: whales@aquaticadventures.com