## **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 Everess Visa N          | MasterCard, Discover, Apple Pay)                            |   |  |
|                                   |   | 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 P                     |   | ACCEPTED FOR GROUPS OR FULL BOAT<br>RTERS   |  |
| non-refundable as pe              | er the policies listed at the cancellation/change policies. | <b>ayments</b> on Aquatic Adventures expeditions <b>are</b> ne bottom of your invoice. I also understand that cies will apply and unused portions of tickets, |  |

## **Aquatic Adventures**

Date\_\_\_\_

Signature\_\_

P.O. Box 551408, Davie, FL 33355 Tel. (954) 382-0024 Web Site: www.aquaticadventures.com

E-mail: whales@aquaticadventures.com