VIGILANT DIVERS

CREDIT CARD AUTHORISATION FORM

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| CREDIT CARDHOLDER INFORMATION |
| NAME ON CARD |  |
| TYPE OF CREDIT CARD |   |  |  |
| CARD NUMBER |  |
| EXPIRATION DATE |  3 Digit Security Code |

|  |  |
| --- | --- |
| BILLING ADDRESS |  |
| CITY |  | STATE |  | EMAIL |  |
| PHONE |  | ZIP  |  | FAX |  |

|  |
| --- |
| AUTHORIZED USER OF CREDIT CARD |
| NAME |  |
| COMPANY |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |
| DRIVER’S LICENSE NUMBER |  |
| RELATION TO OWNER |  |
| TYPE OF CHARGES |  |
| AUTHORIZED AMOUNT |  |
| DATE OF CHARGE |  |

**AUTHORISATION OF CARD USE**

\_\_\_ - I certify that I am the authorised holder and signer of the credit card reference above. I certify that all information above is complete and accurate.

\_\_\_ - I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the “AUTHORIZED AMOUNT” field. I understand this is only for up to this amount during the time period of “DATES OF CHARGES” referenced above. If additional charges are going to be authorized a new form will have to be completed.

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| --- | --- |
| CARDHOLDER NAME |  |
| SIGNATURE |  | DATE |  |