

VIGILANT DIVERS

CREDIT CARD AUTHORISATION FORM

| CREDIT CARDHOLDER INFORMATION | | | |
|-------------------------------|-----------------------|--------|--|
| NAME ON CARD | | | |
| TYPE OF CREDIT CARD | VISA | MASTER | |
| 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 | |
| | |
| 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.

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