

FREE SPIRIT BOAT CHARTERS

CREDIT CARD BILLING AUTHORIZATION

This letter authorizes Free Spirit Boat Charters, to charge all incurred by the undersigned guest or group to the credit card listed below:

Guest: _____ **Confirmation:** _____

Arrival Date: _____ **Departure Date:** _____

for _____ All charges _____ Deposit Payment _____ Others _____

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip/Post Box: _____

Phone: _____ Fax: _____

Other Info: _____

Visa Mastercard

Card #: _____ Exp. Date: ____/____/____

Cardholder Signature: _____ Date ____/____/____

□

□ □

□

Place Card Here For Copy
Front

Place Card Here For Copy
Back

□

□ □

□

To be returned to Free Spirit Boat Charters within 2 days (Fax +758 450 9434).

Please be sure all information is completed.