Print this form using the 'Print' button and, after completion, Return by email to <u>cws@caribbeanwatersports.com</u>

> Or direct text to 305-852-4707 Credit Card Authorization



I authorize use of the card, detailed below, for charges & services by Caribbean Watersports and/or cancellation fees not exceeding the amounts shown in the https://www.caribbeanwatersports.com/ website at caribbeanwatersports.com

This authority covers use by Caribbean Watersports and their clients. If the card expires prior to the date of leaving, plus 30 days, I undertake to forward details of the new card when issued. This authority will also apply to any card issued as a replacement of this card or to extend the expiry date.

Name	Card Type		
Card No	Name as it appears	s on the credit card Security No	•
Nun	nber printed on the card signature area		ring above the
	Expiring date/year	/	
Conta	ct Email Address		
State.	Zip code	_ Cell Phone:	
lf ca	rd expires less than 30 da	ays after date of leav	ing,
	please send new card d	etails when issued	
	Signature of ca	ardholder	
	Billing address used	by Credit Card	
	·····		
	Name of client if different		
signing the form, p	blease fax to Caribbean Wa Ilty please telephone 305-8	atersports at 305-852	-5160. In case of

IMPORTANT Please fill in and fax this form immediately as this authority is used to secure the reservation. Do not use the postal service as this form may arrive late.