



ATTN: CURTIS ELDEMIRE

DATE _____

CREDIT CARD AUTHORIZATION FORM

COMPANY OR INDIVIDUALS NAME _____

I authorize Cayman Sea Adventures Ltd., d.b.a. MarineLand Tours to bill my/our

Check One: Visa Mastercard Discover American Express

Card Number:

Expiration Date: Code from Signature Panel (Last Three Digits):
(Four if American Express)

Please fax a copy of your drivers licence or photo ID to: (345)-945-5399

Carholder's Name & Billing Address of Card:

Person(s) _____

Street _____

City _____

State & Zip Code _____

Telephone Number. (Inc. Area Code) _____

E-mail Address _____

Business name & Address (If Different):

Company Name _____

Street _____

City _____

State & Zip Code _____

Telephone Number. (Inc. Area Code) _____

E-mail Address _____

Signature _____ Date _____

