



CREDIT CARD AUTHORIZATION FORM

This form must be filled out completely in order for us to process your request. Visa, MasterCard, Discover accepted, no AMEX, sorry.

Account # _____

Expiration date: ____/____ Sec code (3 digits) _____

Name as it appears on the card: _____

I Authorize All Star Liveaboards to charge the amount of: _____

For my cruise aboard: AQUA CAT___ BLACKBEARD___ CAT PPALU___ CUAN LAW___ AURORA___

Trip Date: _____

____ I elect to preauthorize my final payment to be auto run on _____ date (90 days prior to departure) for the amount of _____.

____ I do not authorize final payment to be auto run and will arrange payment by the due date.

Group name if applicable _____

Signature: _____

E Mail Address: _____

Phone number: _____

Billing Address: _____

Please scan or Fax this form to our US reservations office. INFO@allstarliveaboards.com FAX 954.321.6582
For questions or concerns, 954.734.7111 or toll free 800.327.9600