



CREDIT CARD AUTHORIZATION FORM

This form must be filled out completely in order for us to process your request.
Visa, MasterCard, Discover are accepted. (AMEX not accepted, sorry.)

Today's Date: _____

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'S___ CAT PPALU___

ALL STAR CUAN LAW___ ALL STAR INDONESIA ___ ALL STAR PHILIPPINES___

Trip Date: _____

Group name if applicable: _____

Signature: _____

E Mail Address: _____

Phone number: _____

Billing Address: _____

Please scan or fax this form to the U.S. Reservations Office: INFO@allstarliveaboards.com
or fax 954.321.6582.

For questions or concerns contact us at the numbers listed below.