



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
<b>Yacht Name:</b>
<b>Company/Owner Name:</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVV Code:
Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_, authorize Yacht Flights, Ltd. to charge my credit card above for agreed upon purchases. I understand that credit card transactions incur up to 3% fees charged by the credit card company. I also understand that my information will be saved to file for future transactions on my account.

X

\_\_\_\_\_  
Cardholder Signature

Date

Cardholder Email

Cardholder Phone