

CREDIT CARD AUTHORIZATION FORM

In order to process your charge, please complete the following information along with a photocopy of both sides of your credit card and return by fax to (813) 907 - 1763 or mail to the address below.

I, _____ authorize Caribbean Adventures/World Dive Adventures as an agent to place travel related charges on my credit card account.

(VI, MC, DIS, AMX)# _____, expiration ____/____/____ in the amount of

Total US \$ _____ for all services related to travel on my trip departing ____/____/____ (mm/dd/yy)

Confirmation # _____. CA Agent name _____

Pricing: Air \$ _____ #of tix ____ Date due ____/____/____ Deposit \$ _____ Date due ____/____/____

Final payment\$ _____ Date Due ____/____/____

Signature Date Full Name as It Appears On the Card

Billing Address - Daytime Phone

City, State, Postal Code, Country - Daytime Fax

E-mail Address - Evening Phone

If you would like us to automatically charge the balance of your trip on your final payment due date, please sign and date below. We will mail a confirmation of the charge to the address you provide.

Signature, Date - Amount to be charged US\$ _____

I fully understand that all deposits and payments on all Caribbean Adventures/World Dive Adventures are subject to the policies and conditions as stated on your application form, which I have read and agree to. I also understand that any refunds paid in accordance with the policies and conditions may only be given with the authorization of Caribbean Adventures/World Dive Adventures.

Signature _____ Date _____

Please Return This Form To:
Caribbean Adventures/World Dive Adventures
2653 Bruce B. Downs Blvd Ste 108
Wesley Chapel, FL 33543
Toll-Free 1-800-433-DIVE

Local Phone - 813-907-0624 or 813-907-2922 • FAX - 813-907-1763
Web Site: www.worlddive.com - E-mail: diveres@worlddive.com