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CREDIT CARD AUTHORIZATION

PLEASE COMPLETE ALL THE INFORMATION REQUESTED AND MAIL OR FAX BACK TO (415) 444-5560

TRAVELER(S) NAME:	
TRAVELER(S) NAME:DESTI	NATION:
CARD HOLDERS NAME:	
TYPE OF CARD: VISA MASTER CARD	
CARD NUMBER:	EXP DATE:
THREE DIGIT SECURITY CODE ON THE BACK OF YOUR	CREDIT CARD
BILLING ADDRESS (Must be correctly indicated, or card will STREET ADDRESS	
STREET ADDRESS	TEL:
I verify that all information is correctly provided, and that I, the further verify that the signature is my signature as indicated on the authorize DIVE DISCOVERY TRAVEL to charge my indicated US DOLLARS \$ (FIGURES ONLY) TOTAL US DOLLARS \$ (WORDS ONLY) Plus any cancellation penalties as imposed by DIVE DISCOVE	he reverse of the above indicated credit card. I hereby a credit card, without an imprint for the amount of:
Payments received for the trip booked above by the stated credit card coabove. Upon receipt of this signed and dated form by Dive Discovery, pronditions on the Dive Discovery application form (2) failure to have the tresult in documents being withheld.	onstitutes acceptance of tour participation by travelers indicated participants on this tour are subject to (1) the general terms &
I authorize Dive Discovery Travel to charge my credit card for travel exto pay the amount shown as total upon proper presentation. I promise to subject to and in accordance with the agreement governing the use of su**We highly recommend trip cancelation insurance to unforeseen circumstances. Please go to www.DiveDiswww.DiveDiswww.DiveDiswww.DiveAssure , you can book a plan online and be covered.	pay such total (together with any other charges due thereon) uch card. b be taken out within 7 days of deposit paid for scovery.com scroll down to TRAVEL GUARD
CARDHOLDER SIGNATURE :X	DATE: