

Credit Card Authorization Form

Date: _____

I _____ Authorize Open Water Adventures Inc. to Charge My Credit Card for Services Rendered. Not to Exceed the Amount Shown.

Attach Receipt Here

Amount: _____ USD

Credit Card Type: _____ MC or Visa Only

Credit Card Number: _____

Credit Card CV2: _____

Expiration Date: _____

Billing Address: _____

Billing Zip Code: _____

Name as it Appears on Card: _____

Signature

Date

Fax or Mail To:

Open Water Adventures
12210 N. Tryon/ US Hwy 29
Charlotte, NC 28262

704-547-1118 (fax)

Do Not Write Below this Line - Office Use Only

Notes:
