



CREDIT CARD AUTHORIZATION FORM

*In order to process your charge, please complete the following and return by fax to
+1 858-228-1756.*

I, _____, authorize Undersea Expeditions to charge my credit card (Visa, American Express, MasterCard, Discover) # _____, expiration _____ and card security code # _____ in the amount of US\$ _____ for services related to travel to/in the country of _____ for travel beginning _____.

I have read and understand the deposit and cancellation policies of Undersea Expeditions which are part of my application package. I understand that as part of a group booking, the resort or liveaboard operator deposit and cancellation policies for individual bookings do not apply. Payment and cancellation policies of Undersea Expeditions will apply to my payments, including no refunds within 60 days of departure. I have been advised that travel insurance is highly recommended.

_____ 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 in accordance with the payment schedule for this trip on the UnderseaX website, please sign and date below. We will e-mail you a confirmation of the charge to the address you provided.

_____ Signature	_____ Date	US\$ _____ Balance Amount to be charged
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