

CREDIT CARD AUTHORISATION FORM

Please complete and return by scan and email, or fax this form authorizing **Horizon Yacht Charters** to use your credit card (number as shown below) for the following purpose:

1 (ple	ase print)
hereby authorise Horizon Yacht Charters to use my credit card, Visa or MasterCard (cir	cle one)
#, expiry date	
Name on the Card(ple	ase print)
**By signing this authorization form you confirm that you have also read and accepted our Terms and C	onditions
(including cancellation policy) as stated in our charter contract as well as our Client Responsibility agree	ment. **
Signed (cardholder)	
Being payment for a charter of a	Yacht
Charter Dates	
This section below is optional and may be completed 45 days prior to charter start if you prefer:	in words)
For the BALANCE due by	start) of
\$	(in figures)
If you wish for a different card to be used for the balance due please indicate below:	
Visa or MasterCard (circle one) #, expiry date	
Name on the Card	please print)
Signed (cardholder) Date	

Thank you

Tel: 284 494 8787 • Fax: 877 494 8787 • Or Email to: <u>res@horizonyachtcharters.com</u> www.horizonyachtcharters.com