caribbean dive tours
Worldwide Dive Travel since 1990

Date: _____ **To:** _____ **Fax #:** _____

Credit Card Authorization

I hereby authorize Dive Travel Services LLC / dba Caribbean Dive Tours
to charge my account in the amount of: $ _____

Authorization Signature: _____

(Please print clearly)

Credit Card Company: _____

Card No.: _____ **Exp. Date:** _____

CID/CVN#: _____

Name as appears on card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Trip Dates: _____ **Destination:** _____

Booking No.: _____

Specific cancellation refund policy for this booking:

_____

_____

_____

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f 770-565-0129

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