



# Credit Card Authorization Form

In order to process your charge, please complete the following information and fax it to +1-985-384-0817 or e-mail it to [accounting@aggressor.com](mailto:accounting@aggressor.com).

I \_\_\_\_\_ authorize Aggressor Fleet, to charge my credit card (check one) \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Card #: \_\_\_\_\_

Expiration \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ CVV# \_\_\_\_\_ \*on MC/VISA, the 3 digit CCV# appears after and to the right of the card number in the signature panel on the rear. On AMEX cards, the CVV# is the 4 digit black number on the front of the card, above the number.

In the amount of USD \$ \_\_\_\_\_ on \_\_\_\_\_ (Deposit)

USD \$ \_\_\_\_\_ on \_\_\_\_\_ (Final Payment)

USD \$ \_\_\_\_\_ on \_\_\_\_\_ (Airline)

USD \$ \_\_\_\_\_ on \_\_\_\_\_ (Hotels/Tours)

for services related on travel on the \_\_\_\_\_ (yacht name) on the charter starting date of \_\_\_\_\_

and confirmation # \_\_\_\_\_.

**Individual Reservations:** I have read and understand the deposit and cancellation policies and the Aggressor Fleet Cruise Application & Liability Waiver. I understand they may be downloaded from the "downloads" page at [www.aggressor.com](http://www.aggressor.com).

**Group Reservations:** I understand that if I am booked as part of a group booking, the Aggressor Fleet Deposit and Cancellation Policies for individual reservations do not apply. Group payments and cancellation policies as stipulated in the contract signed on behalf of \_\_\_\_\_ (group name) will apply to my payments.

_____
Signature
_____
Card Billing Address
_____
City, State,
_____
Postal Code, Country
_____
e-mail address

_____
Full name as it appears on the card
_____
Daytime phone
_____
Daytime fax
_____
Evening phone

If you would like us to automatically charge the balance of your trip 90 days prior to departure as detailed on the invoice, please sign and date below. We will mail a confirmation of the charge to the address you provide.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Should you require any hotel nights or domestic airline tickets (Galapagos Aggressors I & II only) in conjunction with this trip and wish us to charge the above credit card automatically, please authorize by signing below.

Signature \_\_\_\_\_ Date \_\_\_\_\_