

Destination _____



CREDIT CARD AUTHORIZATION FORM

201 843-3340

Lorraine@bluewaterdivers.com

201 State Route 17 South

Rochelle Park, NJ 07662

Card Holder's Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Card Number _____

Expiration Date _____ CVC _____

Email _____

Telephone No. _____

I hereby authorized Lorraine Riscinti, Blue Water Divers to change airlines tickets to this credit card for the maximum of US Dollars (amount written out:

_____ \$ _____

Signature _____

Destination _____
