



Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Amex _____ Union pay

Credit Card Number: _____

Expiration Date: _____

Amount to Charge:

I authorize Oceanic Holiday Ltd. Co. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signed: _____

Date: _____