



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