

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential

Credit Card Information		
Card Type		
□ MasterCard □ VISA	□Discover □ AMEX	□ Other:
Cardholder Name (as shown on card):		
Card Number:		
Expiration Date (mm/yy):	CVC:	
Billing Information		
Address:		
City:		
State:		
ZIP Code:		
Phone:		
Amount to Charge: \$(USD)		
I authorize Barefoot Services or it's agent to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.		
Signature (Card Holder)		Date Signed
Guest Information:		
Guest Name	Date of Service	Note ref the tour/transfer info

Return the completed and signed form to the following: