



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)

Guest Name

Date of Service

Note – Ref the tour/transfer info

I authorize **Barefoot Services or its agent** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the reservation, deposit and cancellation policies.

Signature (Card Holder)

Date Signed

Return the completed and signed form to the following:

BarefootServicesBelize@Gmail.com