

KIDS SEA CAMP, INC. 2018 CREDIT CARD AUTHORIZATION FORM

In order to process your charge, please complete the following information and return by fax to (843) 353-2537 or mail to the address below. This information is destroyed once processed for this booking only. Kids Sea Camp does not keep this information on file. **All payments are non-refundable.**

I, _____ authorize Kids Sea Camp Inc. as an agent to charge my credit card account for this booking only. Destination: _____ / Date of Travel: _____

A deposit of \$1,000.00 per room / \$1500 per cabin is required (unless otherwise advised by Kids Sea Camp).

Number of Rooms: _____ Room Type: _____ Total Deposit to be charged: \$ _____

Total number of people payment is for: _____

Circle one: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Account #: _____

Exp. date: ____/____ Security Code on credit card, this is a 3 or 4 digit code: _____.

My final payment is due on 03/01/2018 or in full after that date in the amount of \$ _____.
For discounted reservations, Special promotions, offers and early booking discount final payments must be paid via check. A 3.5% processing fee will be added with credit card payments.

| | | |
|--|------------------------|--|
| _____ Signature | _____ Date | _____ Full Name (as it appears on the card) |
| _____ Billing Address | _____ Daytime Phone | |
| _____ City, State, Postal Code, Country | _____ Daytime Fax | |
| _____ E-mail Address (please print clearly) | _____ Evening Phone | |

To avoid cancellation due to late payments, you can authorize us to automatically charge the balance of your trip on your final payment due date. If you would like to take advantage of this, please sign and date below. We will mail a confirmation of the charge to the address you provide. Please make sure the expiration date on your card is valid at time of charge. Discounted or commissioned reservations are subject to a 3.5% processing fee.

| | | |
|--------------------|---------------|------------------------------------|
| _____ Signature | _____ Date | US\$ _____ Amount to be charged |
|--------------------|---------------|------------------------------------|

I fully understand that all payments to Kids Sea Camp are nonrefundable, and are subject to the policies and conditions as stated on the Terms & conditions form, which I have been provided, read and agree to. I have been advised to take trip cancellation insurance and I have been directed to www.dan.org as one suggested source of trip and dive insurance.

Signature _____ Date _____



Kids Sea Camp Inc., P.O. Box 291030, Columbia SC 29229
Tel. (803) 419-2556 Fax (843) 353-2537
www.familydivers.com E-mail: kids@kidsseacamp.com