CRUISE CONNECTIONS CANADA

CREDIT CARD AUTHORIZATION

For your protection, each time you authorize us to charge an amount to your credit card, we require you to complete and sign this form indicating your approval to debit your card with the amount authorized. This way any errors in charges made by the cruise line can be easily rectified. If you prefer to pay by personal cheque, we will arrange for a courier pick up from your home or place of business at no charge.

PLEASE NOTE: Due to the fact that we pre-purchase blocks of cabins, in some cases your payments may be split between the Cruise Line and Cruise Connections Canada. **These are *not* duplicate charges**, but rather they will total the amount authorized above. If for any reason these charges exceed the total amount on your Confirmation from Cruise Connections Canada, please call us immediately.

Please be advised that this signed original credit card authorization form must be received by us in order to release your cruise documents.

I hereby authorize Cruise Connections Canada, to make charges for the following:
1. INSURANCE payment of $_____CAD to my Visa / Mastercard / AMEX / Other _____, number _____, expiration date of _____ and /or...

2. DEPOSIT amount of $_____(CAD/ USD) to my Visa / Mastercard / AMEX / Other _____/ Same as above, number _____, expiration date of _____ and /or...

3. FINAL payment amount of $_____(CAD/ USD) on _/_____/20____ to my Visa / Mastercard / AMEX / Other _____/ Same as above, number _____, expiration date of _____ in consideration for cruise arrangements as requested by me.

No other persons are authorized to make charges on said card without my express authorization. In the event that any other passengers in my cabin make charges against this card, I hereby agree to indemnify and hold blameless, Cruise Connections Canada for any and all such charges, claims, and liability related hereto. I agree to immediately notify Cruise Connections Canada of any changes to the above information.

_____ _____
CARDHOLDER'S SIGNATURE **DATE**

CARDHOLDER'S ADDRESS_____

CITY_____ **PROVINCE/ STATE**_____

POSTAL/ ZIP CODE_____ **PHONE (_____)_____-_____**

NAME:_____ **E-MAIL:** _____
(PLEASE PRINT EXACTLY AS IT APPPEARS ON CARD)

SAILING DATE:_____ **SHIP**_____ **INVOICE #**_____

CRUISE SPECIALIST:_____

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