



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX (877) 712-4612 OR BY EMAIL:

ALANA@LIVEBOARDADVENTURES.COM or
JEN@LIVEBOARDADVENTURES.COM AS AN ATTACHMENT.

Cardholder Name: _____

Signature: _____

Billing Address: _____

Card Type: Credit Debit
 Visa Mastercard

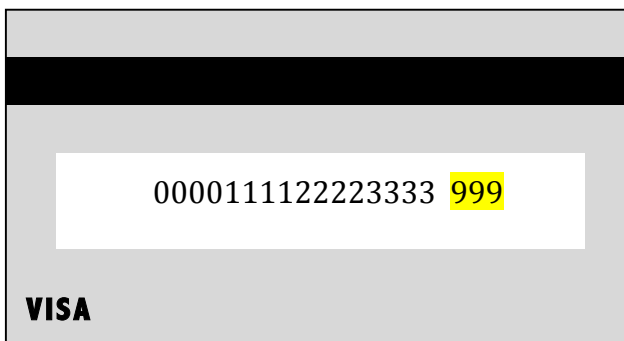
Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____

Billing Zip Code: _____

Card Identification Number (last 3 digits on back of the credit card) _____

Example of Card identification number shown highlighted in yellow:



DEPOSIT: \$ _____ (USD) DUE DATE: ____/____/____

FINAL : \$ _____ (USD) DUE DATE: ____/____/____

**LIVEBOARD ADVENTURES INC., 311 DORSET DRIVE, COCOA BEACH, FLORIDA,
32931 USA
(321) 392-3483, TOLL FREE (866) 510-DIVE
EMAIL: JEN@LIVEBOARDADVENTURES.COM**