



Credit Card Authorization Form

Date: _____

Staff Name: _____

Customer's Name: _____

Credit Card: (Please Circle One)

Visa

Mastercard

Credit Card Number: _____ Exp. Date: _____

Three digits on back of card: _____

Name on Credit Card _____

Credit Card Billing Address: _____

I, _____, authorize Ecomarine Ocean Kayak Centre to charge the amount of _____ to my credit card.

Signed

Date

**Please Fax to Ecomarine at 604-689-5926
or scan and email to sales@ecomarine.com**

The Ocean Kayaking Specialists Since 1980

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