

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize Aruba Fairy Tales

to charge my \_\_\_\_\_  
(Credit Card Name)

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

This card will be charged for the amount of \$ \_\_\_\_\_

The address that is on file with the credit card company is :

\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Incurred by : \_\_\_\_\_

**Please return this form to us via fax at 011-297-583-1511**

Thank you!

\_\_\_\_\_  
CARD HOLDER'S SIGNATURE

\_\_\_\_\_  
DATE

Note : please fax copy of Credit Card or any picture ID with signature with this form