



Destination St.Kitts

P.O.Box 648
Basseterre, St.Kitts

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Fax: 260 846 6190

eMail: Chad@NetStKitts.com
Website: www.DestinationSK.com

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Destination St.Kitts (VIP Charters) to charge my credit card as per the information below:

Credit Card Type: [] MasterCard [] Visa

Name as it appears on Card: _____

Billing Address of Credit Card: _____

Credit Card Number: _____

Expiry Date: _____ Verification Code (CCID): _____

Amount Authorized: \$ _____ Invoice Number: _____

Authorized Signature: _____

Date: _____

Thank you for your business.