VIVED CRUISES: Authorization of Credit Card Transactions

Please Fax or Mail Back Along with a copy of the cardholder's Driver License

I, _____ hereby authorize VIVED CRUISES
(Cardholder Name) (Merchant Name)

located at _____ to charge my credit card for
(Merchant Address)

the amount indicated below. I understand these charges are for the payment of

goods and/or services by the above referenced merchant.

Type of Credit Card: _____

Credit Card Account Number: _____

Charge Amount: _____

Expiration Date: _____

Cardholder Name: _____

Billing Address: _____

City, State Zip: _____

Telephone Number: _____

CVV2/CVC2_____(The last three digit code printed on the back of credit cards, in the signature box. Used to validate cards, even if a criminal steals a valid account number, they can not compute the CVV2 mathematical algorithm logic.)

Please describe the goods and/or services received by the cardholder:

_____

_____

By signing below, I understand and acknowledge the charges described above. I also acknowledge that services provided by _____has been rendered. I hereby waive my right to dispute these charges.

Under the laws of the State of _____, I certify the foregoing is true and correct.

Cardholder Signature: _____

Dated: _____