

# Client Credit Card Authorization



#152, 4857 Elliott Street  
 Delta, BC , V4K 2X7  
 T: (604) 946-7444 | F: (604) 946-7704  
 Email: mstewart@cruiseshipcenters.com

Please complete this form and return the signed copy to the fax number above.  
 If you prefer, you may also complete this form and call us to provide the credit card number.

Cardholder Name: Ronald J Stewart  
(as it appears on Credit Card)

Billing Address: 1066 Shaman Cr

City: Delta

State/Province: BC Zip/Postal Code: V4M 2L7

Phone: 604-943-1863 Email: ron@moonset.ca

VISA  MASTERCARD  AMEX Credit Card #: 5191 3300 0912 4107

Expiry Date:  /  Security Code (3 or 4 Digit Code on the back of the credit card): 355

I, Ronald J Stewart the registered cardholder authorize Expedia CruiseShipCenters to use my credit card to book the travel arrangements listed below.

I am aware of any cancellation policies and penalties. Initial:

I am aware of the available insurance coverage options and have opted to: (please check one below)

Request a no-obligation quote  Purchase coverage  Decline coverage Initial:

[Signature] Date: 27 Jul 2018  
(Cardholder Signature)

Description of Charges:

Merchant	\$ Amount	Reason

Internal Use Only

Consultant Name:   CTO#: