

P.O. Box SS-5338 Nassau, Bahamas Local: (242) 698-1770 U.S.: (954)-526-2363

## **One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Born Free Charters to make a one-time debit to your credit card listed below. By signing this form, you acknowledge that you have read and understand Born Free Charters' cancellation policy and give us permission to debit your account for the amount indicated. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Signature Datedd/mm/yyyy  I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.	Please complete the inforr	nation below:						
Expiration Date: CVV  Billing Address:  Street City, State, Zip  Phone: Email:  Amount of Charge:  \$ + \$ + \$ = \$  Cost of Charter Food/Beverage Tip Total Charge  Signature Date  I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.	Cardholder Name:							
City, State, Zip  Phone: Email:  Amount of Charge:  \$ + \$ + \$ = \$ Cost of Charter Food/Beverage Tip Total Charge  Signature Date  dd/mm/yyyy  I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.	Credit Card Number:							
City, State, Zip	Expiration Date:	CVV						
Amount of Charge:  S + \$ + \$ = \$ Cost of Charter Food/Beverage Tip Total Charge  Signature Date dd/mm/yyyy  I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.	Billing Address:							
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dd/mm/yyyy  I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit caccompany; so long as the transaction corresponds to the terms indicated in this form.	Cost of Charter	Food/Beverage		Tip		Total Charge		
I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.	Signature			1	Date		<del></del>	
company; so long as the transaction corresponds to the terms indicated in this form.								
	•				-		t with my cre	edit card
☐ Card to be charged in full ☐ Cash will be paid the day of charter	☐ Card to be charged in f	full 🗖 Casl	h will be pa	aid the day	of charter			

## **Born Free Charters Cancellation Policy**

- Cancellation with more than 48 hours notice will not be charged any fee.
- Cancellation with less than 48 hours but more than 24 hours notice will be charged 50% of the cost quoted for the charter.
- Cancellation with less than 24 hours notice will be charged in full for the cost quoted for the charter.
- Cancellation by the Captain due to weather or other unforeseen circumstances will not incur any charges.