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Credit Card Authorization

Please fill out the following form completely and return to Red River Scuba LLC by fax at (318) 629-3485.

I _____ authorize Red River Scuba LLC to charge _____

To the following credit card-

Type of card (circle one) X Mastercard Visa American Express Discover

Card Number _____ Exp. Date _____

Security Code (3 or 4 digit code on either the front or back of your card!) _____

This charge is for the following services/products – _____

This billing address for the above credit card is – _____

Home Phone – _____ Work Phone – _____

Cell Phone – _____ Email address – _____

Signed – _____ Date – _____

Travel Programs

___ Yes, I would like travel protection/insurance.

___ No, I do not want travel insurance/protection.*

I have been advised to purchase travel protection/insurance for myself and others traveling with me. However, against my travel agent's advice, I do not wish to purchase it. I realize that my entire vacation will be non-refundable, non-transferable and unchangeable no matter what the circumstance. _____ (Initial) Should I choose to cancel or change my travel arrangements, I authorize Red River Scuba LLC to charge change/cancellation fees to the above credit card. _____ (Initial)