

The Center for Cruise Excellence★

JOIN US IN RAISING THE LEVEL OF EXCELLENCE

CREDIT CARD AUTHORIZATION FORM

By my signature, I authorize the use of my credit card by Aquila Tours Inc. as follows:

Company Name: _____

Name on card: _____

Credit Card Number: _____ Exp. Date: _____

CSV Number on back of card _____ Expected Amount: _____

Email _____

Company Address _____

Signature of Cardholder:

Today's 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; provided the transactions correspond to the terms indicated in this authorization form.

www.TourGuideExcellence.com

Contact us: Email: info@TourGuideExcellence.com Tel: 506.633.1224

AQUILA

★ DEFINING EXCELLENCE ★

The Center for Cruise Excellence★

JOIN US IN RAISING THE LEVEL OF EXCELLENCE

REGISTRATION LIST

First Name	Last Name	Email (please check carefully)	Notes