

## Ezona's Aquatics

P.O. Box 538WB  
 West Bay, Cayman Islands KY1-1302  
 ezona\_aquatics@candw.ky  
 345-943-9662 - Office  
 345-945-9662 – FAX



### FAX Credit Card Authorization Form

By signing this completed form I hereby authorize Ezona's Aquatics to charge my credit card account (listed below) for the following items:

Check Service	Persons	Charter Description	Amount
_____	_____	Half-Day Bone Fishing	\$500.00
_____	_____	Full-Day Bone Fishing	\$800.00
_____	_____	Half-Day Mixed Fishing	\$500.00
_____	_____	Full-Day Mixed Fishing	\$800.00
_____	_____	Half-Day Reef Fishing	\$500.00
_____	_____	Full-Day Reef Fishing	\$800.00
_____	_____	Half-Day Deep Sea Fishing	\$600.00
_____	_____	Full-Day Deep Sea Fishing	\$900.00
_____	_____	Half-Day Snorkelling	\$38.00/Person
_____	_____	Full-Day Snorkelling/with Beach Lunch	\$60.00/Person
_____	_____	Half-Day Private Charter (CALL FOR RATE)	\$ _____
_____	_____	Full-Day Private Charter (CALL FOR RATE)	\$ _____
Total			_____

ACCOUNT #	ACCOUNT NAME (As printed on card)	Telephone
SIGNATURE	DATE	C/C Expiration Date
Billing Address	Security Code (on back of card) _____	
	E-mail Address	