



CREDIT CARD AUTHORIZATION FORM

Please email this form to your agent, Monica Calenda at: _____

Booking Number(s): _____ Group Number (if applicable): _____

Guest Information

Agency Name: _____
Guest Name : _____
Guest Name : _____
Itinerary: _____ Departure Date: _____
Ship: _____ Stateroom Category: _____ Stateroom Number: _____

Credit Card Information

Name as it appears on the Card: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Total Amount to be Charged: \$ _____ Date: _____
Signature: _____
By signing this form I authorize AMAWATERWAYS to charge my credit card as listed below, for the amount referenced above.

Credit Card Number: _____ - _____ - _____ - _____
CVC: _____ Exp. Date: _____ / _____

Thank you for choosing AmaWaterways!