



Credit Card Authorisation Form

... please complete all fields and fax to +64 7 866 0503

I authorise Coastal Campers Whitianga to charge the following credit card:

VISA MasterCard

Name on Credit Card:

Billing Address:

Card Number:

Card Expiration Date:

Card CVC Security Code:
(last three digits of the number on reverse of card)

Amount to be charged:

For: Deposit Outstanding Balance Other

Booking Ref#
(if available)

Cardholders Signature: _____ Date: _____

We will notify you by email once we have processed your payment.
This form will be destroyed once your card has been charged.