

One (1) Time Credit Card Authorization

By completing and signing this form, I authorize **Sagua Services & Travel** to charge my credit card for the amount indicated in this authorization form.

This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to my account. 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; so long as the transaction corresponds to the terms indicated in this form. I understand that my information will NOT be saved to file for future transactions on my account.

I, _____ (cardholder), authorize **Sagua Services** to charge my credit card account (as indicated below) for \$ _____ (**USD**) plus the 4% of this amount, on _____ (mm/dd/yyyy).

This payment is for **ORDER #** _____

Card Details

Visa MasterCard Discover American Express

Card Number	
Expiration Date (mm/yy)	
CVV	
Cardholder Name	
Billing Address	
Zip Code	
Phone Number	
Email Address	

CARDHOLDER SIGNATURE _____

DATE _____