



Phone 310-316-1930 Fax 310-316-3141 Email info@cocointernational.net

CREDIT CARD AUTHORIZATION FORM

PLEASE FAX THIS COMPLETED FORM AND A FRONT AND BACK COPY OF YOUR CREDIT CARD
AND A COPY OF THE CARDHOLDER'S DRIVER LICENSE

I authorize COCO International to charge USD \$_____ on my credit card.

Passenger name _____

Departure date _____

Credit card type Visa Master Amex Discover JCB
(please circle)

Credit Card number

Expiration date _____ / _____
(Month) (Year)

Security code*

Cardholder's Name as it appears on the credit card

Billing Address _____

Cardholder's phone number _____

Cardholder's Signature: _____ Date: _____

Name(Please print)

*Security code is the last 3-digit on Signature Panel. Amex is 4-digit on the front above the account number.

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