AUTHORIZATION FORM 3rd PAX

BOOKING:

I,_____ authorize Princess Cruises to Charge my:

(name – please print)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diners

(please check appropriate card type)

account, number #_____, with an expiration date

(please provide complete credit card number)

of_____for the amount of $_____.

_____ _____

(signature of card holder) *(date)*

Credit Card Billing Information:

Name: _____

(please print as it appears on card)

Address: _____

_____

City: _____

State: _____

Zip Code: _____

FAX TO: