



P.O. Box 32WB  
West Bay, Cayman Islands KY1-1301

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**FAX Credit Card Authorization Form**

By signing this completed form I hereby authorize J & S Tours to charge my credit card account (listed below) for the following items:

# Persons	Date Requested	Tour Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

ACCOUNT #	ACCOUNT NAME (As printed on card)	Telephone
_____	_____	_____

SIGNATURE	DATE	CC Security Code
_____	_____	_____

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

E-Mail Address: Billing Address	Address in Cayman (Lodging)
_____	_____
_____	_____
_____	_____