

PURE DIVING ARUBA

Located:
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Authorization for Credit Card use by: PURE DIVING ARUBA.

Please complete this CREDIT CARD AUTHORIZATION form and return it to our email address: dive@puredivingaruba.com. All information will remain confidential. Name on Card: Billing Address: Email Address: Phone Number: Credit Card Type: O Visa O Mastercard O Discover O Other _____ Credit Card Number: _____ Expiration Date: _____ Card Identification Number: _____ (last 3 digits located on the back of the credit card) Amount to Charge: \$ USD______ (plus 5% credit card cost. If you don't like to pay these cost, please feel free to pay in cash at our shop.) authorize to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance without further written authorization from me. I agree I confirm to have read the Cancellation/no show penalty plus the Terms and Conditions mentioned on our website (puredivingaruba.com/terms-conditions/) and I accept it. Please Sign and Date Signature: Sign:______ Date:_____ Print Name: _____ CANCELLATION / NO SHOW PENALTY:

Cancellations made within 3 days before the booking will be liable for 50% of the charge, deposit and balance of all dives booked.

Cancellations made within 24 hours before the booking will be liable for the full charge, deposit and balance of all dives booked.

This form will only be used in case of cancellation or no show. The amount of the diving can be paid in the shop by means of cash in \$ USD or our local currency (AWG) or credit cards (plus 5% CC costs) or on your request on your first day of diving with us.

Thanks for diving with us!