



Credit Card Authorization Form

Rongelap Tourism Co., Inc.; DBA Rongelap Expeditions
Box 1469 Lagoon Drive
Majuro, MH. 96960

Name: _____

I authorize Rongelap Tourism Co., Inc.; DBA Rongelap Expeditions to charge my following credit card with the amounts as listed in the payment schedule.

Type of Card: Visa _____ MasterCard _____ American Express _____

Credit Card No. _____ Expiration Date _____

Name as it appears on card: _____

Signature: _____

Payment schedule:

- 30% deposit due within 15 days of reservation
- Ninety (90) days prior to charter date, full payment is due.

Description:

Signed: _____

Please fax completed form to (692) 625-7873 or scan and email.

Thank you,

Deborah Kramer, Manager
Rongelap Expeditions
www.rongelapexpeditions.com