



RESERVATION

Credit Card Authorization Form

Date: _____

Client's Name: _____ Phone: _____

Passport Number: _____ Fax: _____

Country: _____ E-mail: _____

Number of People: _____ Tour Requested: _____

I _____ authorize to BLUEPEARL SPORTFISHING LTDA
to charge my Card Number: _____

Issue Date: _____ Exp. Date: _____



In the total Amount of: US\$ _____

Signature: _____

Please send us this form with a copy of your credit card front and back and
the copy of your passport at Fax: (011-506) 2777-9189

Phone: (506) 2777-2516 / Fax: (506) 2777-9189 / Cellphone: (506) 8360-6474

E-mail: info@sailingtourmanuelantonio.com

WebSite: www.sailingtourmanuelantonio.com

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COSTA RICA