



## 2017 Credit Card Authorization

**A copy of the front and back of the credit card must be sent along with this form before the prepaid ticket order will be processed.**

Company name: \_\_\_\_\_ Patron number: \_\_\_\_\_

I, \_\_\_\_\_, give the Aquarium of the  
(Full Name)

Pacific authorization to charge the attached credit card for the total cost listed below.

Number of adult tickets	_____	@ \$18.95 = \$	_____
Number of child tickets	_____	@ \$13.95 = \$	_____
Total number of tickets	_____	Total cost = \$	_____

Last four numbers of credit card number \_\_\_\_\_ Exp. \_\_\_\_\_

Signature authorization \_\_\_\_\_ Date \_\_\_\_\_

*Fax this completed form along with our prepayment order form to (562) 590-3109 or e-mail forms to [gscordinator@lbaop.org](mailto:gscordinator@lbaop.org). If you have any questions, please call (562) 951-1660.*