

## **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,(Full Name)	, gi	ve the Aquarium of the
Pacific authorization to charge the attached	l credit card for	the total cost listed
below.		
Number of adult tickets	@ \$35.95 = \$	
Number of child tickets	@ \$23.95 = \$	
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* (206) 339-2648 or e-mail forms to gscoordinator@lbaop.org. If you have any questions, please call (562) 951-1660.