

THIRD PARTY CREDIT CARD AUTHORIZATION FORM



Date: _____ Attn: _____ Department _____
 Ship: _____ Sailing Date: _____

Reservation/Group #	Passenger Names	Amount to Charge
1		
2		
3		
4		
5		
6		
7		
Total Amount Authorized to charge*		\$

**This letter serves as my authorization to charge the deposit or final payment(s) for the above reservations.*

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ ZIP: _____

Cardholder Phone Number: _____

Credit Card: AMEX MASTERCARD VISA DISCOVER

Card Number: _____

Expiration Date: _____ Security Code*: _____

**4 digit code on the front of American Express; 3 digit code on the back of MasterCard/VISA/Discover*

By signing, I have read and agree to the terms and conditions, specifically relating to the cancellation policies, as outlined in the most recent edition of the MSC Cruises brochure. I agree to waive my rights for a chargeback dispute, should it occur, for charges places on the card above by MSC Cruises USA, Inc.

I hence authorize to charge my card and will not place a chargeback.

Should you have any questions about this form, please contact us at 800-666-9333.

Cardholder Name as Printed on the Credit Card:

Cardholder Name: _____ Date: _____

Cardholder Driver's License Number & Issuing State:

DL# _____ Issuing State: _____