

# Ashes on the Sea

## Credit Card Authorization Form

NAME ON CARD:

---

BILLING ADDRESS:

---

CARD TYPE:

VISA    MASTERCARD    AMEX    DISCOVER

CARD NUMBER:\*

---

EXPIRATION DATE:

---

CVS #

---

AMOUNT OF INVOICE

\$

GRATUITY

\$

AMOUNT AUTHORIZED

\$

---

Signature of Person Named on Card

Date

Please mail or fax this information to us as soon as possible.

Fax to: 858-277-9578 | Mail to: PO Box 710693, San Diego CA 92171

*\* After processing, your card number will be shredded*

---

**Phone:** 858-277-2799 **Fax:** 858-277-9578 **Address:** P.O. 710693, San Diego CA 92171  
**[www.ashesonthesea.com](http://www.ashesonthesea.com)**