GetAway Charter, LLC

P.O.Box 2015, Douglas, GA31534

3903 Hwy. 32 E, Nicholls, GA31554

Ph. (912)309-9170 / Fax (912)389-1521

Email: getawaycharter@yahoo.com

	Cred	<u>Credit Card Form</u>					
Name on Credit Card							
Billing address	Street:		City:		Zip:		
Card Type (Circle One)		VISA	MC	AMEX	DISC	Other	
Card Number							
Exp Date							
3 Digit Verification Code							
Amount	\$	\$ Allow to file this form for future orders Yes / No					
I agree to pay the above charged card issuer's agreement. I und authorization on the credit ch	lerstand	that my sigi			_	_	
Signature:	Date:						