



Doc Warner's Authorization to Charge Credit Card for Payments

I authorize Doc Warner's Alaska Fishing, Inc. to charge ALL payments for my fishing trip to the below referenced credit card. This authorization expires once my account has been paid in full.

Card Holder's Name: _____
(as it appears on the credit card)

Card Holder's Billing Address: _____

Credit Card Type: _____ CVC Code: _____ (3 digits on back or 4 digits on front of Amex)

Credit Card Number: _____

Credit Card Expiration Date: _____

Signature: _____

A \$250 deposit will hold your reservation until September 1st of the year preceding your reservation.

Below is the payment schedule*:

- September 1st of year prior to trip, 1/3 of balance
- February 1st of trip year, 1/3 of balance
- April 1st of trip year, balance

All trips must be paid in full by April 1st of your reservation year.

*We are happy to create a monthly payment plan just for you.