

Scuttlebutt Europe

Email to gb@beesonstone.com

Fax to +44 (0)1590 671116

Credit Card Authorization

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Contact Name: _____

Credit Card Account Number : _____

Credit Card Expiration Date : _____

MasterCard _____ Visa _____ AMEX _____

Name as it appears on card: _____

Start credit card billing as of ____ / ____ / ____

Frequency: Monthly__

One time only _____

Amount:

Authorizing Signature: _____

Date: _____

**PLEASE NOTE: CHARGE WILL SHOW AS FROM
SAILING SOURCE, GLOUCESTER VIRGINIA USA**