



M.Y. Bermuda IV

3 Stowe Hill, Paget PG 05, Bermuda • 1-441-232-7000 • Fax: 1-888-517-7478

E-mail: info@bermudaiv.com • Web: <http://www.bermudaiv.com>

CREDIT CARD AUTHORIZATION

I hereby authorize M.Y. Bermuda IV to charge my:

VISA MasterCard (Check box) Sorry, we do not accept American Express at this time.

Address1:					
Address2:					
City:		State:		Zip Code:	
Country:					
Phone Number:		Work Number:		Fax: Number:	
Name on Card:					
Credit Card Number:				Exp Date:	/
CVV:					

For the amount of \$ _____ (Deposit)
\$ _____ (Final Payment)

For: Passenger Name(s) _____ Conf. # _____

Charter Dates (*very important*): _____

Please notify the agent of any discounts or vouchers at the time of booking.

*Notification after final payment may result in forfeiture of discount. **

INDIVIDUAL CHARTER PAYMENT POLICY: 33% of the charter rate is due within ten (10) working days of reservation. Final payment is due thirty (30) days prior to departure.

Individuals: If a cancellation is made:

1. 121 days or more prior to departure, 20% of the charter rate is forfeited.
2. 120 - 91 days prior to departure, 50% of the charter rate is forfeited.
3. 90 - 61 days prior to departure, 75% of the charter rate is forfeited.
4. 60 days or less prior to departure, no refund is available.

Full Boat: The group cancellation policy requires:

1. \$1,500 deposit (non-refundable, non-transferable)
2. \$3,500 2nd deposit (non-refundable, non-transferable 6 months prior to departure)
3. 90 - 61 days prior to departure, 75% of the group charter rate is forfeited.
4. 60 days or less prior to departure no refund is available.

* All cancellations must be in writing.

**To reduce the number of members in your group without penalties, it must be done 6 months prior to departure.

A Charter Application and Liability Waiver must be received by the M.Y. Bermuda IV booking office at least 30 days prior to travel. Passengers who fail to fax or mail a signed Application/Waiver will be denied boarding. A waiver may be downloaded from www.bermudaiv.com

Signature: _____ **Date:** _____

Please fax this along with a photocopy of the front and back of your credit card to verify signatures. Recognizing that these controls are in place for your protection as the charge card holder, we appreciate your cooperation.