

CREDIT CARD AUTHORIZATION

I understand and consent to the use of the credit card provided without original signature on the charge slip and that a photocopy or facsimile of this agreement will serve as an authorization for the use of said card and an order that this Credit Card Authorization cannot be revoked. The authorization will not terminate until thirty (30) days after leased premises are vacated and will be held for charges such as international long distance charges and damages beyond normal wear and tear.

Name on Card			
Number on Card			
Expiration Date		CVV Number	
Billing Address	Street Address		
	City	State/Province	Zip/Post Code
	Country		

Amount to charge \$ _____ Date _____

Signature of Cardholder _____ Date: _____

Please mail or fax this credit card authorization to:

Pacific Honu LLC
 87-481 Kaohe Mauka Rd
 Captain Cook, HI 96704
 Phone: (808) 209-1214
 Fax: (808) 443-0438