



Letter of Authorization to Charge Credit Card

In lieu of my credit card imprint I, the undersigned, _____, as
(Print Name)

the credit card holder hereby authorize GFR Enterprises and/or Travel Anywhere, as the merchant account holders for AirStMaarten dba AirSXM.com, to charge my credit card account in the amount not to exceed _____ US dollars for reservation/invoice nr. _____

I agree that credit card processing fees in the amount of 4% related to this transaction will be charged directly to the total of products and services supplied by AirStMaarten dba AirSXM.com. I further authorize GFR Enterprises and/or Travel Anywhere to use my faxed or scanned signature in executing payment for products and services supplied by AirStMaarten, partner airline companies or other suppliers.

As the credit card holder I also authorize GFR Enterprises and/or Travel Anywhere to add additional charges to the above amount for any additional products and services as approved by me in writing or verbally.

- | | |
|--|--|
| <input type="checkbox"/> Regular VIP Services - \$150 per couple | <input type="checkbox"/> Dennis Carlton's Book "Case et Cuisine"- \$25 |
| <input type="checkbox"/> Premium VIP Services - \$525 per couple | <input type="checkbox"/> DVD "St. Barths Landings"- \$25 |
| <input type="checkbox"/> DVD "The Epic Story of Aviation Pioneers in the Caribbean" - \$25 | <input type="checkbox"/> Yes, I need Travel Insurance |
| <input type="checkbox"/> Ebook "The Ultimate Guide How To Get To St. Barths" - \$25 | <input type="checkbox"/> Yes, enroll me in the AirSXM SunMiles Club |

Credit Card Type: () Visa () MasterCard () Discover () American Express (AMEX)

Credit Card No # _____

Expiry Date: _____ CVV2/CID Security Code (see back) : _____

Name as it appears on the Credit Card: _____

Credit Card Billing Address: _____

City: _____ State: _____

ZIP Code: _____ Country: _____

Telephone: Day Time : _____ Evenings: _____

Cell phone: _____ Fax: _____

I agree that in the event my credit card becomes invalid, I will provide GFR Enterprises and/or Travel Anywhere with a new valid credit card immediately upon request to be charged for the payment of any outstanding balances owed to AirStMaarten dba AirSXM.com.

I agree to waive any charge back rights and in the event of a dispute, requests for a refund must be submitted in writing to GFR Enterprises and/or Travel Anywhere offices in St. Maarten.

This authorization is binding in accordance with the agreement governing the use of stated credit card under Dutch law on the island of St. Maarten, (Dutch Caribbean). Please **fax** this authorization form to AirStMaarten via **1-866-503-0347** (toll free) or directly to the office via **1-721-543-1260** or **scan and email it to reservations@airsxm.com**.

I have read and agree to all the above terms and conditions.

Cardholder's signature: _____ Date: _____