

If you wish to make a credit card payment to ANSE CHASTANET, please fill out the form below and fax it back to ANSE CHASTANET RESORT.

ATTN: ANSE CHASTANET RESERVATIONS

FAX: 758 459 7700

NAME: _____

DATE: _____

This is to authorize ANSE CHASTANET RESORT to charge my credit card account for the following item(s):

Please make my purchase available to clients:

On arrival () On the following date: _____

NAME: _____

DATES OF STAY: _____

With this attached message:

Authorized payment: US _____ (Plus shipping if applicable)

Visa () Mastercard () American Express () Discover ()

Name as on card: _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Address: _____

Today's Date: _____

Cardholder's Signature: _____