

Admit One

Order by Facsimile



DATE : / / 2015

FROM : Name _____

Fax number _____ Phone _____

TO : Gerard FORT, Visitor Service Coordinator, Fax number **808.923.1771**

Name of the card holder as it appears on the card:

Full Billing address for this card:

Signature of the card holder : _____

Type of credit card provided :

Visa Master Card Discovery, Full credit card number bellow and expiration date

_____ Month ____ / Year ____

The security code (3 digit, locate on the back of the card) _____

Number of admit one (\$12 per ticket):

Delivery option :

Pick up at the UH Waikiki Aquarium Front Desk, name of the recipient: _____

By mail (priority mail 3 days + Signature, Extra cost of \$9.20). Provide full address and name on a separate sheet.

***This document is for FAX order only,
Do NOT Email. All credit card information and names deleted at the completion of the order.
No record kept by the Waikiki Aquarium after processing.
Total cost : \$***