

Credit Card Authorization

The undersign agrees to allow Kula Kottage (Haleakala Bike Co.) to process all charges, fees, deposits, and taxes to the following Credit Card account pursuant to the rental agreement dated _____, between card holder and Kula Kottage.

Card Holder Name _____

CC# _____

Exp. Date _____ CSC _____

Billing Address _____

Signature _____ Date _____

Fax to Kula Kottage at 808-878-8317

Kula Kottage
355 Lower Kimo Dr.
Kula, HI 96790
Manager: Debra P.
P: 808-283-7370
F: 808-878-8317
kulakottage@gmail.com
kulakottage.com