

Credit Card Authorization

This form must be filled out for and kept on file before any work orders will be processed by our service department. For Maintenance Plans Monthly billing is available upon request.

I am signing this to authorize Harborside Marina to charge my card as necessary for work I have requested. I am aware that I will be responsible for the charge that will be posted to my credit card. Receipts will be sent out with invoices when completed.

Signed:			
Print Name:			
Credit Card Billing Addre	ess:		
City:	State:	Zip:	
Phone (Day):		Phone (Evening):	
Email:		Mobile Phone:	
Credit Card Type:			
Credit Card Number:			
Three or Four Digit Secur	rity Code (Mas	ter Card/Visa 3 Amex 4):	
Expiration Date:		Today's Date:	