



Credit Card Authorization Form

Please complete all fields. For security purposes, do not include your full credit card number on this form—please call the office to provide that information. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Receipts will be sent to the email address on file.

| Credit Card Information | | |
|--|--------|----------------|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____ | | |
| Cardholder Name(as shown on card): | | |
| Last 4 Digits of Card: | | |
| Expiration Date (mm/yy): | | |
| Billing Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | | Email Address: |

- Automatically charge my card on the 15th of each month to pay account balance in full
- I will call or email to authorize and specify a payment amount

I, _____, authorize Washburn Marina to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date