

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

By signing this form you give Harbour Cove Marina permission to charge your credit card on file.

Signed: _____ Date: _____