
A T T E N T I O N

A FORM OF PAYMENT IS NEEDED TO SECURE ANY WORK REQUESTED

I HEREBY AUTHORIZE PINE ISLAND MARINA TO KEEP ON FILE THE FOLLOWING CREDIT CARD INFORMATION. I WARRANT THAT THE CREDIT CARD IS ISSUED IN MY NAME AND I AM AN AUTHORIZED SIGNER ON THE ACCOUNT. I FURTHER AGREE THAT THE CARD MAY BE USED TO SETTLE MY MARINA INVOICES WHEN AUTHORIZED TO DO SO IN WRITING OR VIA EMAIL BY ME, THE CARD HOLDER. I UNDERSTAND THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

EMAIL ADDRESS: _____

AUTO BILLING UPON INVOICING: YES NO

CREDIT CARD PAYMENT

VISA MASTERCARD DISCOVER AMEX

CARDHOLDER NAME: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD IDENTIFICATION NUMBER:

VISA / MC / DISC (3 Digits on back): _____

AMEX (4 Digits on front): _____

CARD BILLING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

ACH PAYMENT

ROUTING: _____

ACCOUNT NUMBER: _____

CHECKING SAVING

AUTHORIZED SIGNATURE: _____

DATED: _____

PRINTED NAME: _____
