

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Invoice/Purchase no:						
Deposit						
		Subtotal				
		HST				
		TOTAL				
Credit Card I	nformation					
Card Type	Visa	M/C	Cheque			
Cardholder Name: (as shown on card):						
Card Numbe	r:	·		CVV:		
Expiration Date: (mm/yy)						
Cardholder Address and Postal Code (from credit card billing address):						
					HST# 755711330	
I, authorize						
Foundry Cove Marina to charge my credit card above for the agreed upon						
purchases. I understand that my information will be securely saved to file for						
future transactions on my account.						
Customer Sig	gnature		D	ate:		