

Brewer Wickford Cove Marina

Quality Yacht Service

CREDIT CARD AUTHORIZATION FORM

Customer Name: _____

Name on credit card: _____
(if not the same)

Credit card billing Address: _____
Street Address

City,State,Zip

Circle one: **VISA** **MC** **AX** **DISC**

To prevent confusion , please choose one of the following options in regards to charging your account for your bill each month:

Option #1 : You receive your statement in the mail and THEN CALL US TO CHARGE YOUR CARD

Option #2 : We charge your card at the end of the month for all balances owed

Please Circle one Billing option : Option #1 Option #2

Card Number: _____

Expiration: _____

***Authorized Signature:** _____

* By signing and returning this form you are authorizing Brewer Wickford Cove Marina to charge all outstanding account balances to your credit card.