

## Credit Card Authorization Form

Name on Credit Card: \_\_\_\_\_

Credit Card Type: Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover \_\_\_

### CREDIT CARD INFORMATION

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### AUTHORIZATION OF CARD USE

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Please select one of the options below

\_\_\_\_\_ I give WCYC Marine Service permission to charge my credit card once amount has been determined and agreed on after every service or sale.

\_\_\_\_\_ Please call me to approve the charge before running my credit card.