



Cedar Marina, Inc Credit Card Authorization Form

In order for Cedar Marina, Inc to accept and bill your credit card, please complete all fields below, sign, date and email to frank@cedarmarina.com or mail to the above address. Please provide the following information as it appears in your order. All information sent is strictly confidential and Cedar Marina, Inc adheres to the highest standards of account data protection.

Billing Information: (as it appears on your credit card statement)

Company: _____ Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Email: _____

Credit Card Type: Visa MasterCard American Express

Cardholder's Name: _____

Credit Card #: _____ Expiration Date: _____

Credit Card Security Code: _____ Amount to be charged: _____

- _____
- Recurring Billing:** I hereby authorize Cedar Marina to charge the indicated credit card on a periodic basis for the amount due under my contract with Cedar Marina resulting from services rendered as indicated above. This Recurring Payment Authorization shall remain in force until cancelled by me in writing.

Please initial here: _____

Authorization:

Signature of Card holder (Required): _____ Date: _____

