

AUTHORIZATION FOR AUTOMATIC MONTHLY CREDIT CARD PAYMENT

Mont	hly Slip Rental Ar	nount \$			
Marina Slip/Buoy Numbe	r	Account #			
Name					
Address					
City					
State			Zip		
Home Phone ()	Bu	siness Phon	e ()		
	Fax Number ()			
* * *	* * * * * * *	* * * * *	* * * * * :	* * *	
With my signature on this monthly slip or buoy rent			Resorts and Ma	ırinas to charge n	าy
Card number					
Expiration date	VISA	M/C	DSCVR	AMEX	
Each month, the balance of responsible for notifying us service at any time, please	immediately if credit	card information	on changes. If yo	ou wish to terminate	this
P.	net Schebesta—Lak O. Box 1926, Pago one: 928-645-6051	e, AZ 86040			
Signature			D	Date	