



Account Number _____

Port Credit Harbour Marina

1 Port Street East, Mississauga, Ontario L5G 4N1 — Tel: (905) 274-1595 Fax: (905) 274-1029

TO: PORT CREDIT HARBOUR MARINA

I, _____ Hereby authorize PORT CREDIT
HARBOUR MARINA (herein PCHM) to charge the amount of \$ _____, as per

Invoice # _____, dated _____, to the following credit card:

VISA

MASTERCARD

Credit card # _____

Expiry Date _____
(MM/YY)

Validation Code _____

Name as shown on credit card:

I agree to pay above total amount according to Card Issuer Agreement. I represent and warrant to PCHM that I am the Owner of the above credit card and of the vessel listed below or have the owner's authority to issue this agreement.

VESSEL NAME

MAKE

YEAR

MODEL

REGISTRATION #

REGISTERED OWNER'S NAME

SIGNATURE

DATE