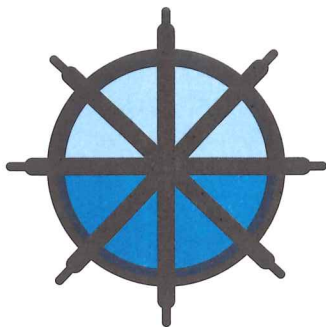Account #: _____

Port Credit Harbour Marina

1 Port Street East, Mississauga, Ontario L5G 4N1 — Tel: (905) 274-1595   Fax: (905) 274-1029
www.portcreditmarina.com   info@portcreditmarina.com

I, _____ hereby authorize PORT CREDIT HARBOUR MARINA (herein PCHM) to charge the amount of $ _____, as per invoice #_____ to the following credit card and further authorize the PCHM to make recurring charges to my credit card and if necessary, to initiate adjustments for any transactions credited or debited in error.

VISA   MASTERCARD

Credit card # _____

Expiry Date _____   Validation Code: _____
                        (MM/YY)

Name as shown on credit card:

_____

I agree to pay the above total amount according to the 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
_____	_____	_____	_____

_____   _____
RESISTRATION #   REGISTERED OWNER'S NAME

_____   _____
SIGNATURE   DATE

– Proud To Be Serving Boaters Since 1979 –