



Account #: _____

Port Credit Harbour Marina

1 Port Street East, Mississauga, Ontario L5G 4N1

Phone: (905) 274-5212 www.portcreditmarina.ca gm@portcreditmarina.ca

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 Number _____

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
_____	_____	_____
RESISTRATION #	REGISTERED OWNER'S NAME	
_____	_____	_____
SIGNATURE	DATE	