



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