



SEA LOVE BOAT WORKS, INC.
 4877 FRONT STREET
 PONCE INLET, FL 32127
 Phone: (386)761-6434 - Fax: (386)760-4210
sealoveboatworks@gmail.com

CREDIT CARD AUTHORIZATION FORM

Company Credit Card: YES NO

Company Name: _____

Cardholder Name: _____

Vessel Registration #: _____

State of Vessel Registration: _____

Credit Card Billing Address

Street Address: _____

City: _____

State: _____

ZIP: _____

Credit Card Type: VISA MASTERCARD DISCOVER AMEX

FRONT and BACK - COPY OF CREDIT CARD REQUIRED

FRONT and BACK - COPY OF CARDHOLDER'S DRIVER'S LICENSE REQUIRED

Credit Card Number: _____ Expiration Date: _____

CVV (3 Digits on BACK): _____ AMEX (4 Digits on FRONT): _____

One Time Charge Amount to Be Charged: \$ _____

Monthly Recurring Charge Invoice Number: _____

Kept on File for Future Invoices MONTHLY charge: \$ _____

Monthly Charge: Dock Rent Dry Storage

Date to be charged EACH Month: **on or after the 1st of each month**

I HEREBY AUTHORIZE SEA LOVE BOAT WORKS, INC TO KEEP ON FILE THE ABOVE CREDIT CARD OR DEBIT CARD ("PAYMENT CARD") INFORMATION. I WARRANT THAT THE CREDIT CARD/DEBIT CARD IS ISSUED IN MY NAME AND I AM AN AUTHORIZED SIGNER ON THE ACCOUNT. I FURTHER AGREE THAT THE CARD MAY BE USED TO SETTLE MY MARINA AND BOAT YARD INVOICES AS OUTLINED ABOVE OR WHEN AUTHORIZED TO DO SO IN WRITING OR VIA EMAIL BY ME, THE CARD HOLDER. I UNDERSTAND THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL. I ALSO AGREE TO IMMEDIATELY SUBMIT INVOICE DISPUTES TO SEA LOVE BOAT WORKS, INC. IN WRITING OR VIA EMAIL, WITHIN 10 DAYS OF RECEIPT OF INVOICE AND I FURTHER AGREE NOT TO ISSUE CREDIT CARD/DEBIT CARD CHARGEBACKS ON PAYMENTS, WITH MY CREDIT CARD COMPANY OR FINANCIAL INSTITUTION, I HAVE AUTHORIZED AS OUTLINED ABOVE (OR IN WRITING OR VIA EMAIL AS OUTLINED ABOVE) TO SEA LOVE BOAT WORKS, INC.

Authorized Signature: _____ Date: _____

Print Name: _____

* Email Address: _____

* Required if Cardholder will give payment authorization via email.