



— NOW WITHIN THE FAMILY OF —
SAFE HARBOR MARINAS

63 PILOTS POINT DR | WESTBROOK, CT 06498
860.399.7906 | BYY.COM

CREDIT CARD AUTHORIZATION

Thank you for choosing Brewer!

As part of our agreement, we must have a credit card on file. This card will be used for payments as outlined below.

Service: We require payment at the time of service. Once service has been completed on your vessel, you will be sent an invoice for your records. If you would rather pay by cash or check, please indicate so below. You will be given two weeks to return your payment. If the payment has not been received within two weeks of the invoice date, we will charge the credit card below.

_____ Please automatically charge my credit card for all amounts due two weeks (14 days) from invoice date.

_____ Bill me, and I will arrange for payment. If not paid within two weeks (14 days) from the invoice date, I authorize SHM to charge the card below. NOTE: CREDIT CARD INFORMATION MUST BE PROVIDED BELOW IF SELECTING THIS OPTION.

Slips and Storage: Slip and storage payments are due as outlined on the contracts. If payment is not received by the due date, we will charge the card below.

NOTE: Notwithstanding anything written elsewhere in this Authorization, customers wishing to remove their vessel from SHM property must make full payment of all amounts owed on account before the vessel will be released.

I (WE) HEREBY AUTHORIZE SHM Pilots Point, LLC ("SHM") its parent, affiliate or subsidiary, to charge my credit card in accordance with the terms of this authorization. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated herein. This authorization is to remain in full force and effect until SHM has received written notification from me (or either of us) of termination in such time and in such a manner as to afford SHM a reasonable opportunity to act on it.

NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Last 4 digits of Card No. _____

Print Name: _____

Authorized Signature

Date

Check if applicable:

_____ I prefer invoices to be emailed to me; address: _____

(PLEASE ENTER CARD INFORMATION ON PAGE 2 OF THIS AUTHORIZATION)





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Print Name: _____

Card Type:

Billing Address: _____

___ Visa

Street

___ Master Card

___ American Express

_____ Discover

City

State

Zip

Credit Card Number: _____ Exp. _____ CVV: _____

(must match last 4 digits entered on first page)

Please make any address or boat changes below

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone# Cell _____ Work _____ Home _____

E-mail Address _____

Boat Name _____ Year _____

Make _____ Model _____

POWER SAIL Length Overall _____ Beam _____ Draft _____

Hull ID # _____

Key Location _____ Combo _____

