



**GREENPORT**  
YACHT YARD

500 BEACH ROAD | GREENPORT, NY 11944  
631.477.9594 • BYY.COM

## CREDIT CARD AUTHORIZATION

Thank you for choosing Safe Harbor Marinas,

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.

I (WE) HEREBY AUTHORIZE [REDACTED] (“SHM”) its parent, affiliate or subsidiary, to charge my credit card in accordance with the terms outlined in 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 in this form. 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: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION

Print Name: \_\_\_\_\_

Card Type:

Visa

Master Card

American Express

Discover

Billing Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CVV: \_\_\_\_\_

(must match last 4 digits entered on first page)