



Credit Card Payment Authorization Form

Card Owner Name _____ Customer Number _____

Card Owner Address _____

Card Owner Phone Number _____

By signing below I authorize Beacon Bay Marina operating as a division of Maple Leaf Marinas Holdings GP Inc. to process my below noted Credit Card number to pay for authorized goods and/or services contractually rendered, subject to deposit or insurance related payments.

I Authorize Beacon Bay Marina to process my credit card for any invoice exceeding 30days from invoicing date. I understand that goods or services may be withheld or my account suspended without having a valid credit card held on file.

VISA

AMEX

MASTERCARD

Credit card number _____ Expiry date _____

Card Owner Signature _____ Security code _____

Date _____

Beacon Bay Marina is PCI compliant.