



## Payment Authorization Form

### BILLING PREFERENCES

### CUSTOMER NAME:

To Our Valued Customer;

Please take a moment to specify your mailing and payment preferences, so that we might better suit your needs.

**1. When receiving statements and invoices, I prefer to be:**

emailed only. My billing email is: \_\_\_\_\_

mailed hard copies only. My billing address is: Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

both emailed and mailed.

**2. When making payments, I would prefer:**

A. To pay with cash or check for:

ALL CHARGES      only for FUEL & STORE sales      only for WORK ORDERS

B. To have my balance automatically zeroed out every month with my credit card (below)

ALL CHARGES      only for FUEL & STORE sales      only for WORK ORDERS

C. To pay with my credit card on file (only after I have received an invoice and authorized payment) for:

ALL CHARGES      only for FUEL & STORE sales      only for WORK ORDERS

**3. To set up recurring payments:**

in the amount of \$\_\_\_\_\_ with my card on file on or between the dates of \_\_\_\_\_ and \_\_\_\_\_.

**4. To set up one-time payment:**

in the amount of \$\_\_\_\_\_ with my card on file.

### PAYMENT AUTHORIZATION

The completion of this authorization form allows Seacoast Enterprises Associates, Inc. to process credit card information for any and all charges, including labor, materials, fuel, storage fees, rental fees, and administrative fees. House charge accounts are available to customers with current, signed agreements on the condition that credit card information is kept current. Your credit card will be charged when this form is complete and signed by the credit card owner.

I hereby authorize the use of my credit card, below, to pay for ALL charges incurred with Seacoast Enterprises Associates, Inc. I agree to notify the marina of any changes within 10 days of said changes and to notify the office if the credit card on file is no longer valid and will provide a new card within the current billing cycle.

Customer Signature \_\_\_\_\_ Customer Name (print) \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT INFORMATION

Payment Method:      VISA      Mastercard      American Express      Discover

Name on Credit Card      Billing Address      City      State      Zip

Credit Card Number      Expiration Date      CVV#

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Marina's Acknowledgement \_\_\_\_\_ Date \_\_\_\_\_