

Credit Card Authorization

PLEASE COMPLETE ALL INFORMATION



21 Mitchell Rd. Ipswich, MA 01938

(978) 356-3334

www.CurtisMarineService.com

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: _____

Security Code Number: _____ (3-digit code on back of card)

Amount to Charge: \$ _____ (USD)

I authorize Curtis Marine Service LLC. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Sign, Date, and Print Name Below:

Signature: _____

Date: _____

Print Name: _____