



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____ CCV Code: _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize Richard's Marine Service Inc, to charge my credit card above for completed invoices. I understand that my information will be saved to file for future transactions on my account. I understand that if my card is declined, Richard's Marine Service Inc. will apply a daily interest charge to my account until the invoice is paid in full.

Customer Signature

Date



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