

MARINA PAYMENT AUTHORIZATION FORM

Vessel Name: _____ Length Overall (including overhangs): _____ ft

Owners Name: _____ Captain's Name: _____

Arrival Date: ___/___/___ Departure Date: ___/___/___ Number of days: _____
Day Month Year Day Month Year

Rate: _____ per foot per day Total Dockage (USD): _____

Power Consumption: _____ Power Rate: _____ per kilowatt Total Power (USD): _____

Water Consumption: _____ Water Rate: _____ per gallon Total Water (USD): _____

GRAND TOTAL (USD): _____

METHOD OF PAYMENT (Check Applicable) :

CASH CREDIT CARD CHECK

IF CREDIT CARD (Check Applicable): VISA MASTERCARD AMERICAN EXPRESS

Card #: _____ Expiry: ___/___/___ CVV: _____
MONTH / YEAR

Name on Card: _____ Billing Address: _____

City: _____ State: _____ ZIP: _____

I hereby authorize payment of \$ _____ (_____) USD for Dockage
(Amount in words)

Signature: _____

Date: ___/___/___
Day Month Year

PLEASE NOTE: Full payment is required to hold your reservation and is non-refundable in the event of early departure or cancellation unless 30 days advance notice (in writing) is received and confirmed by our office.

OFFICE USE

Reservation Made By: _____ on ___/___/___ Accounting By: _____ on ___/___/___
Day Month Year Day Month Year