

Clearwater, FL 33760 (727) 475-8910

Credit Card Payment Authorization Form (Guarantee of Payment)

All owners must sign and complete this form to guarantee payment by authorizing **COVE CAY MARINA** to make a debit to your credit card listed below **should payment NOT be received prior to the 5th of every month.**

By signing this form you give Cove Cay Marina permission to debit your account on the 6th of any given month in which payment has not been received. The amount to be debited is the same of which is indicated on your license agreement, adding the appropriate late payment fee.

Please complete the information below:				
Iauthoriz	e COVE CAY MARINA to ch	arge my credit card account for the		
monthly rent owed should payment not be red	ceived by the 5 th of any giver	n month.		
Billing Address	Phone#			
City, State, Zip	Email			
Account Type:(Circle One) Visa Ma Cardholder Name	sterCard AMEX	Discover		
Account Number				
Expiration Date		Official Use Only:		
CCV: Billing Zip:		Employee Ins.		
Billing Zip:		if Card inputted into system		
SIGNATURE	D	ATE		

By signing this form, I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid until I vacate the marina or change and update my credit card information. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company or submit for a chargeback as above fees are rental and/or security deposit fees. I agree to pay to the above named business all costs of collection, including reasonable attorney's fees and the court fees of any legal action, should any such action be initiated.

Initials:		