

**OCEAN GATE YACHT BASIN**  
65 Bayview Ave  
Bayville, NJ 08721  
732.269.2565 OCEANGATEYACHTBASIN.COM

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**RECURRING CREDIT CARD PAYMENT AUTHORIZATION FORM**

You authorize regularly scheduled charges to your credit card. You will be charged the amount due and owing of any outstanding invoices that are **NOT paid in full within 30 days** of being issued. A receipt for each payment will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided. Please complete all fields.

If you have any questions please contact the office at 732.269.2565.

I \_\_\_\_\_ authorize Ocean Gate Yacht Basin to charge my Credit Card Indicated below for the amount due and owing of any outstanding invoices that are not paid in full within 30 days of being issued.

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

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Ocean Gate Yacht Basin in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date