

CREDIT CARD AUTHORIZATION FORM

PO Box 5103 - Penetanguishene, ON. L9M 2G3

PHONE: 705-209-2055

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Please provide a Credit Card payment to **Duquette Marine Services.**

How to complete this form: - ensure all fields have been filled in correctly.

Fields marked with * are mandatory

***Full Name:** _____

Mailing address associated with this credit card:

***Street:** _____

***Town:** _____

***Province:** _____

***Postal Code:** _____ (associated with the card)

***Cellphone:** _____

***Email:** _____

Select your Card type

Visa

MasterCard

***Cardholder Name as it appears on the card:**

***Credit Card Number:**

***Credit Card Expiry Date:**

***CVC Code:**

I hereby authorize Duquette Marine Services to perform the services described in the accompanying invoice and to charge my credit card accordingly, including any additional services required to complete the project.

Card Holder Signature: _____

Date: _____

Note: These forms need to be filled out annually, as dates and addresses change

Thank you for your business - yours in boating