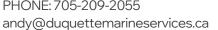
## CREDIT CARD **AUTHORIZATION FORM**

PO Box 5103 - Penetanguishene, ON. L9M 2G3 PHONE: 705-209-2055





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 t	his credit card:
*Street:	
*Town:	
*Province:	
*Postal Code:	(associated with the card)
*Cellphone:	
*Email:	
Select your Card type	Visa MasterCard
*Cardholder Name as it appears o	n the card:
*Credit Card Number:	
*Credit Card Expiry Date:	
*CVC Code:	
I hereby authorize Duquette Marine	e Services to perform the services described in the
accompanying invoice and to charg	ge 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