



Credit Card Payment Authorization Form

Card Owner Name

Card Owner Address

Card Owner Phone Number

By signing below I authorize Bay Port Yachting Centre operating as a division of Maple Leaf Marinas Holdings GP Inc. to process my below noted Credit Card number to pay for authorized goods and/or services contractually rendered, subject to deposit or insurance related payments.

I Authorize Wye Heritage Marine Resort to process my credit card for any invoice exceeding 30days from invoicing date. I understand that goods or services may be withheld or my account suspended without having a valid credit card held on file.

VISA

AMEX

MASTERCARD

Credit card number:

Expiry date:

Card owner signature

3 Digit security code

Date
