



P.O. Box 280                      347 Allen Point Lane  
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### CREDIT CARD AUTHORIZATION FORM

This is to advise that Port Kinsale Marina & Resort, LLC is authorized to charge the credit card provided below on the 1<sup>st</sup> of every month for any balance on my account as of that date:

Cardholder's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

Card Type:     MasterCard     VISA     American Express     Discover  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
CVS Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_                      Date: \_\_\_\_\_