



Bosport Docking, LLC
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below, sign the form and fax or send it to us. All Requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CUSTOMER INFORMATION

Customer Name: _____
Phone: _____
Fax: _____

I authorize Bosport Docking LLC to automatically bill (monthly) the card listed below as Specified:

Amount: \$ _____

Start billing on: _____
End billing when: Contract expires (date)
 Customer provides written cancellation

Bosport Docking, LLC accepts the following credit cards: **Visa, MasterCard, American Express, and Discover.**

Credit card type: _____
Credit card Number: _____
Expires: _____

Card Holders Name: _____
(As shown on cc)

Credit card billing address: _____
(Include zip code) _____

Customer signature _____ Date _____