



Customer Credit Card Information

Boat Name: _____ Tel: _____

Customer Name: _____ Cell: _____

Address: _____ Bus: _____

City/Town: _____ Zip Code: _____ Email: _____

Credit Card File Authorization (REQUIRED)

Customer signature below indicates customer's authorization for Marine Professionals-Northeast, Inc., d.b.a. **Scituate Boat Works (SBW)** to keep a credit card on file to fulfill financial obligations. This authorization also applies to subsequent credit card updates and new card numbers submitted to **Scituate Boat Works**.

Please Choose **ONE** of the Following:

- I (we) authorize Scituate Boat Works (SBW) to automatically charge the credit card provided for all amounts due two weeks (14 days) from invoice date.**
- Bill me, and I will arrange for payment. If not paid within two weeks (14 days) from the invoice date, I authorize Scituate Boat Works (SBW) to charge the credit card provided below**

Check Card Type (check one): VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number: _____ Expiration Date: _____ ccv# _____

Name Printed on Card: _____

Credit Card Statement Address: _____

_____ ZIP CODE _____

Customer Signature: _____ Date: _____

*******2% Convenience fee will be applied to entire balance in excess of \$5,000.00*******