

BELLE MAER HARBOR
CREDIT CARD AUTHORIZATION FORM

Choose One:

- VISA
- MASTERCARD
- DISCOVER

Amount: _____

All fields **must be completed** for credit card verification process:

Printed Name on Card: _____

Account # _____ Exp: _____ 3-Digit Code: _____

Zip Code: _____

Street Address: _____

City: _____ State: _____

PURPOSE OF PAYMENT: _____

I authorize Belle Maer Harbor to charge my Credit Card in the amount of listed above:

Signature: _____ Date: _____

Though we do not currently have on-line credit card processing, you can:

- 1) Fill in this form
- 2) Save the completed form to your computer, attach it to an email and send to bellemaersales@shmarinas.com
- 3) Print the completed form and fax it to (586) 465-6956