



# RICHARDSON BAY MARINA

A Division of Steckler • Pacific Co., Inc.

Phone: (415) 332-5510  
Fax: (415) 332-5812

100 Gate Six Road  
Sausalito, CA 94965

## Credit Card Authorization

I, \_\_\_\_\_ hereby authorize Richardson Bay Marina to debit my credit card monthly for my charges. This debit shall be on or after the fifth of the month and not later than the tenth.

Credit card # \_\_\_\_\_

Credit card type \_\_\_\_\_

Billing address:

Cardholder Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State & zip: \_\_\_\_\_

Expiration date \_\_\_\_\_

Security code # \_\_\_\_\_

I agree to notify Richardson Bay Marina at least 30 days in advance of my decision to discontinue this authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_