



San Diego Mission Bay Boat & Ski Club

Credit Card Payment Authorization Form

Instructions: Complete and sign this form and send it to:

Financial Secretary
San Diego Mission Bay Boat & Ski Club
2606 North Mission Bay Drive
San Diego, CA 92109

Check one: VISA MasterCard

Credit Card #: _____

Exp. Date on Credit Card (mm/yy): _____

Name as it appears on card: _____

Company name on card (if applicable): _____

Credit card billing address:

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Fax Number: _____

I authorize the San Diego Mission Bay Boat & Ski Club to charge my credit card for payment of their invoices. If the San Diego Mission Bay Boat & Ski Club is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: _____