



CREDIT CARD AUTHORIZATION

Please fax or return to: _____

Date of Authorization: _____

Card Holder Billing Address:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Cell _____

Email: _____

I authorize Island Nautical to charge 50% deposit \$ _____ at the time of order and the balance \$ _____, plus applicable tax, shipping, and handling at time of completion of manufacturing to my credit card.

MC VISA Discover (please circle one)

Card Number _____ Security Code _____

Expiration Date _____

Signature _____

Thank You for Order

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.