

**MAIN OFFICE**

6 SHERWOOD COURT  
OLD TAPPAN, NJ 07675

(201) 376-8872



**MARINA OFFICE**

11 SHERMAN ROAD  
WAKEFIELD, RI 02879

(401) 789-7660  
(401) 789-4675 FAX

***D/B/A MAZZA MARINA, L.L.C.***

**CREDIT CARD AUTHORIZATION FORM**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. All credit card transactions will be assessed a 3.5% convenience fee.

**CREDIT CARD INFORMATION**

Card Type

\_\_\_\_\_ MasterCard

\_\_\_\_\_ Visa

\_\_\_\_\_ Discover

\_\_\_\_\_ AMEX

\_\_\_\_\_ Other

Cardholder Name (As it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_\_\_

Cardholder Zip: \_\_\_\_\_ Security Code: \_\_\_\_\_

I \_\_\_\_\_, authorize Mazza Marina, LLC/ DBA Pointview Marina to charge my credit card for agreed upon purchases and fees, I understand that my information will be saved for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date