

Claire's Marine Outfitters
2921 SW 2nd Avenue
Fort Lauderdale, FL 33315
Ph: 954-523-4301 Fax: 954-523-3048

CREDIT CARD AUTHORIZATION

BOAT NAME: _____ **HOME PORT:** _____

MANUFACTURER: _____ **LENGTH:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **CELL:** _____

CARD NUMBER: _____ **EXP:** _____

BILLING ADDRESS: _____

BILLING ZIP CODE: _____ **ID#:** _____

MAILING ADDRESS: _____

(FOR MAILING INVOICES)

CITY: _____ **STATE:** _____ **ZIP:** _____

This form is for the use of mail order, phone order and inter-net orders for purchases only unless stated by the card holder in writing. Claire's Marine Outfitters has the right to refuse orders on any card via phone if proper information is not received.

I here by allow Claire's Marine Outfitters to place orders placed by me or authorized signatures unless otherwise arranged by me.

_____ **Date:** _____

(Card Holders Signature)

Authorized signatures: _____
