



**AUTHORIZATION FOR AUTOMATIC
MONTHLY CREDIT CARD PAYMENT**

Amount \$ _____

Marina Slip/Buoy Number _____ Account # _____

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____ Business Phone _____

Email _____

* * * * *

With my signature on this form, I authorize ARAMARK Leisure Services, Inc. to charge my Wahweap Marina Services fees to my credit card.

Card number _____

Expiration date _____ VISA____ M/C____ DSCVR____ AMEX____

You are responsible for notifying us immediately if credit card information changes. If you wish to terminate this service at any time, please do so in writing ***immediately***. Direct all correspondence to:

Chantel Smith—Wahweap Marina Services
P. O. Box 1597, Page, AZ 86040
Phone: 928-645-1037 Fax: 928-645-1061

Signature _____ Date _____

Send me an Email Summary Statement (Email) _____