



**AUTHORIZATION FOR AUTOMATIC
MONTHLY CREDIT CARD PAYMENT**

Monthly Slip Rental Amount \$ _____

Marina Slip/Buoy Number _____ Account # _____

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone () _____ Business Phone () _____

Fax Number () _____

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With my signature on this form, I authorize Lake Powell Resorts and Marinas to charge my monthly slip or buoy rental fees to my credit card.

Card number _____

Expiration date _____ VISA____ M/C____ DSCVR____ AMEX____

Each month, the balance of your slip rental account will be charged to the above listed account. 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 ***prior to the 1st of the month***. Direct all correspondence to:

**Lake Powell Moorage Office
P. O. Box 1926, Page, AZ 86040
Phone: 928-645-6054 Fax: 928-645-6186**

Signature _____ Date _____