

---

# Recurring Credit Card Charge Authorization Form

---

I (we) hereby authorize **Grand Marina** to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until **Grand Marina** is notified by me (us) in writing to cancel it in such time as to afford **Grand Marina** and Credit Card Company a reasonable opportunity to act on it.

Note: Automatic payments will be deducted between the 1<sup>st</sup> and 3<sup>rd</sup> of the month.

\_\_\_\_\_  
NAME AS APPEARS ON CARD

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL

Set Charge Amount: \$ \_\_\_\_\_ Maximum Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Effective Date)

**Please return to:**

\_\_\_\_\_  
Grand Marina  
2099 Grand St.  
Alameda, Ca. 94501

\_\_\_\_\_  
Phone: (510) 865-1200  
Fax: (510) 865-1240  
[www.grandmarina.com](http://www.grandmarina.com)  
[marina@grandmarina.com](mailto:marina@grandmarina.com)

\_\_\_\_\_  
Please circle one: Visa / MasterCard / Discover / AMEX

CARD NUMBER: \_\_\_\_\_

Expiration Date: \_\_\_\_\_