## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN. All information will remain confidential

Name on Card:		
Billing Address:		
Credit Card Type:	VisaMastercard	
Credit Card Number:		
Expiration Date:		
Card Identification Numb	Der: (last 3 digits located on the back of the cre	dit card)
Purchase Raffle Tick	kets at \$100 per entry	
Request Ticket #(s):		_
Amount to Charge: \$	(USD)	
I authorize Island Watersports LLC to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.		
Cardholder – Please Sign	and Date	
Signature:		
Date:		
Print Name:		

## Return the completed and signed form to the following:

Island Watersports 39084 Harpoon Rd Fenwick Island, DE 1994

Fax: 302-539-2628 Email: info@ocmdboats.com