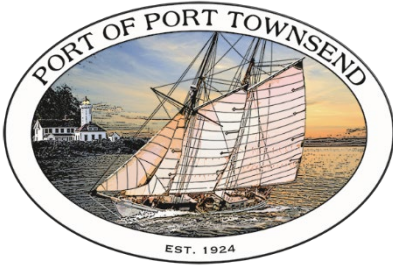


**CREDIT CARD AUTHORIZATION**



Please complete this form & return by US Mail or fax to:

ACCOUNTS RECEIVABLE - Port of Port Townsend  
P.O. Box 1180, Port Townsend, WA 98368  
Direct: (360) 379-5091, Fax: (360) 385-3988

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

I \_\_\_\_\_ hereby authorize the Port of Port Townsend to charge my credit card  
(Print name on card) as defined below.

**Customer Information:**

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**This Authorization Covers:**

- Recurring monthly charges on account
- Credit Card Fees per Port Rate Cards
- Other: \_\_\_\_\_

*REFUNDS ON CARD: The Port cannot make refunds to a card unless it is same day. With a CREDIT CARD this is easily done, but due to banking procedures beyond the Port's control, a same day DEBIT CARD refund may take up 5 to 7 days for the funds to show in your bank account.*

*By signing/initialing this authorization form you also acknowledge that you are aware of this possibility. (Initial \_\_\_\_\_)*

**Secure Information**

Cardholder signature: \_\_\_\_\_  
Credit card number: \_\_\_\_\_  
**OR Debit card Number:** \_\_\_\_\_  
Expiration date: \_\_\_\_\_ CVV number (on back of card): \_\_\_\_\_  
Billing ZIP CODE: \_\_\_\_\_