



## CREDIT CARD AUTHORIZATION

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

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

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

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

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### Customer Information:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### This Authorization Covers:

Recurring monthly charges on account

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 \_\_\_\_\_)*

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### Secure Information - To be destroyed once payment authorization is set up:

Cardholder signature: \_\_\_\_\_

Credit card number: \_\_\_\_\_

OR Debit card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV number (on back of card): \_\_\_\_\_

Billing ZIP CODE: \_\_\_\_\_