

CYC Credit Card Authorization Form

Name: ______

| (As | it | appears | on | the | credit | card) |
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CYC Invoice #:_____

Amount to be charged:_____

Credit Card#_____(Last 4 Digits on Card Only)

Expiration Date:______ 3 Digit Verification #:_____

There will be a 4% Service Charge added to all Credit Card Purchases **All Debit cards will be processed as a Credit Card Purchase**

Signature_____

Date

By signing the Credit Card Authorization Form you agree to all terms and conditions. Cortlandt Yacht Club does not keep the credit card number on file

| For Office use only | | | | | | |
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