



**P.O. Box CT 30350
Clarence Town
Long Island, Bahamas**

**Tel: (242) 337-3430
Fax: (242) 337-3429
Email: info@flyingfishmarina.com**

Credit Card Authorization Form

Please fax or email to Flying Fish Marina this form completed and signed.

Yacht Name: _____

Name of Owner: _____

Billing Address: _____

Phone: _____

Fax: _____

I, _____, authorize Flying Fish Marina to charge my credit card number for the following amount for reservation deposit, fuel, dockage, water, provisions and/or electricity:

Credit Card # _____

Card Type: Visa__ M/C__ Amex__

Total: \$ _____ Expires: _____ CCV# _____

Name Signature

Date