

CREDIT CARD AUTHORIZATION



Cardholder's Name

Billing Address

City

Zip

Country

Phone

Fax

Email

Visa-MasterCard

Card Number

Exp.Date

4Digit Code

Authorization Signature

Date

In order to process your credit card, please attach a copy of your driver's license, along with this Authorization form, and fax 918-799-6115 or mail to 113 E BK 800 Rd. Stigler Okla. 74462.

If you have any questions

Please call our office at : 918-799-6113.

IMPORTANT INFORMATION YOU SHOULD KNOW REGARDING PAYMENT

All payments are non-refundable and under no circumstances will payments be returned or refunded.

I paying by credit card, purchaser must provide a form of ID and signature to keep on file.

I _____, have read the Terms and Conditions and fully agree to the Terms and charges due to Evergreen Marina LLC....as described above.

Authorized Signers (authorized to charge to credit card on file or to sign)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____