MARINA
CASA de CAMPO

CREDIT CHARGE
AUTHORIZATION FORM

Harbour Office Capitania Marina Casa de Campo | Tel:809.523.2112
Dominican Navy Office Marina Casa de Campo Detachment | Tel: 809.523.2202
marinacasadacampo.com.do

DATE

OWNER

BOAT NAME

I, **AUTHORIZE MARINA CHAVON, S.A.**

TO COVER MY CREDIT CARD No.

EXPIRATION DATE

THE TOTAL EXPENSES AND RUNNING COAST IN WHICH MY SHIP WILL INCUR

_____
AUTHORIZATION SIGNATURE

I _____ AUTHORIZE ANOTHER PERSON BESIDE CREDIT CARD'S HOLDER

☐ **AUTHORIZE** ☐ **DON´T AUTHORIZE** MY CAPITAN TO USE CREDIT CARD _____
CAPITAN´S NAME

PLEASE ATTACH CREDIT CARD HOLDER PHOTO ID