



Seacoast Enterprises Associates, Inc.

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PAYMENT AUTHORIZATION FORM

CUSTOMER INFORMATION

NEW CUSTOMER

Name	Street Address	City	State	Zip
Cell Phone	Home/Office Phone	Email		
Vessel Name	Vessel Location			

BILLING PREFERENCES

To Our Valued Customer;

Please take a moment to specify your mailing and payment preferences, so that we might better suit your needs.

1. When receiving statements and invoices, I prefer to be:

emailed only. My billing email is: _____

mailed hard copies only. My billing address is: Address _____
City _____ State ____ Zip _____

both emailed and mailed.

2. When making payments, I would prefer:

A. To pay with cash or check for:

ALL CHARGES only for FUEL & STORE sales only for WORK ORDERS

B. To have my balance automatically zeroed out every month with my credit card (below)

ALL CHARGES only for FUEL & STORE sales only for WORK ORDERS

C. To pay with my credit card on file (only after I have received an invoice and authorized payment) for:

ALL CHARGES only for FUEL & STORE sales only for WORK ORDERS

3. To set up recurring payments:

in the amount of \$_____ with my card on file on or between the dates of _____ and _____.

4. To set up one-time payment:

in the amount of \$_____ with my card on file.

PAYMENT AUTHORIZATION

The completion of this authorization form allows Seacoast Enterprises Associates, Inc. to process credit card information for any and all charges, including labor, materials, fuel, storage fees, rental fees, and administrative fees. House charge accounts are available to customers with current, signed agreements on the condition that credit card information is kept current. Your credit card will be charged when this form is complete and signed by the credit card owner.

I hereby authorize the use of my credit card, below, to pay for ALL charges incurred with Seacoast Enterprises Associates, Inc. I agree to notify the marina of any changes within 10 days of said changes and to notify the office if the credit card on file is no longer valid and will provide a new card within the current billing cycle.

Customer Signature _____ Customer Name (print) _____ Date _____

PAYMENT INFORMATION

Payment Method:	VISA	Mastercard	American Express	Discover
Name on Credit Card	Billing Address	City	State	Zip
Credit Card Number	Expiration Date		CVV#	
Cardholder Signature	Date			
Marina's Acknowledgement	Date			