

# Nockamixon Sailing School

## CREDIT CARD AUTHORIZATION FORM

Date \_\_\_\_\_

We accept the following credit cards:



I \_\_\_\_\_ Authorize Nockamixon Sailing School to charge my credit card  
(NAME)

Not to exceed the amount shown. REFERENCE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ USD.

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV2 # \_\_\_\_\_

ISSUED DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

(As it appears on card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### E-MAIL OR MAIL TO:

Nockamixon Sailing School

311 Society Place

Newtown, PA 18940

Telephone: (215) 499-0335

E-mail: [CaptainMike@NockamixonSailingSchool.com](mailto:CaptainMike@NockamixonSailingSchool.com)