

To all customers:

In order to have **CHARGING PRIVILEGES** for store purchases, fuel, carry out, marine accessories, service work orders, etc. fill out the form on the below and return to the store office. Copies of all documents can be found on our website at:

<http://www.huronlagoons.com/holiday-harbor-home/forms/>

If you currently have your credit card on file with us for Monday Morning Charges or Payment Plans, or plan to submit your credit card information for the upcoming season, we will need your signature below to authorize HHM to charge your card for the 2020 boating season.

For first time users, please sign the authorization indicating you would like to be included on the Monday Morning Charge list, and we will contact you for your credit card information when your first charge is incurred.

Please contact Lisa in our accounting department if you would like to change the card on file, update expiration dates, or have any questions. lisa@huronlagoons.com 419-433-3200 ext 130

Looking forward to a great 2020 boating season.

Sincerely,

The HHM Crew

Return Mail to:

**HOLIDAY HARBOR MARINA
P.O. BOX 527
HURON, OHIO 44839**

Holiday Harbor Marina Payment Authorization Agreement for Monday Morning Charges

In order to have **CHARGING PRIVILEGES** for store purchases, fuel, carry out, marine accessories, service work orders, and etc. complete the form below.

NAME ON CREDIT CARD {Please Print} _____

3 DIGIT CODE
BACK OF CREDIT CARD

ADDRESS _____

CITY _____ ST. _____ ZIP _____

Email Address _____

I agree to notify HHM if my account information changes for any reason.

This authorization shall remain in effect for one year. To cancel contact HHM by mail, email lisa@huronlagoons.com or call 419-433-3200 ext 130

I am currently a Captains Club Gold Captains Club Silver Charging Privileges Payment Plan Winter Summer

All credit card information is stored through our merchant services provider to meet PCI Compliance.

I hereby authorize Holiday Harbor Marina (HHM) to keep my Credit Card information on file through their merchant services provider for payment on my HHM account for charges accrued and to be applied to my credit card on Monday mornings.

I further authorize HHM or HHM's agent to email me receipts or other information related to my recurring transactions with HHM. For first time users, we will contact you for your credit card information when your first charge is incurred.

Authorized Signature X _____ Date _____

Revised 1/27/20