

FISHERS ISLAND FERRY DISTRICT
PO BOX 607, FISHERS ISLAND, NY 06390-0607
TEL: 631-788-7463 FAX: 631-788-5523

CREDIT CARD AUTHORIZATION

PLEASE PRINT CLEARLY

I, _____ (**Name on Card**) gives the Fishers Island Ferry District permission to charge my credit card below in the full amount due on the account at the end of each month.

Commercial Company Name: _____

Credit Card #: _____

Expiration date: _____ CVV2# _____

List all names to be included on this account:

Names: _____

Card Billing Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Authorized Signature: _____

Approved: _____ Date: _____

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