

Please complete all fields. You may cancel authorization at any time by contacting us. This authorization will remain in effect until canceled.

Date: _____

Product / Service Description: _____

Today's Total Cost: \$ _____

Customer Information

First Name: _____ Last Name: _____

Home / Billing Address: _____

Island Address: _____

Email: _____

Phone: _____

Credit Card Type: _____ Number: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

I authorize Chebeague Recreation Center to charge my credit card above for the agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date