



**Sail America**

## CREDIT CARD PAYMENT FORM

To settle your outstanding balance with the Sail America, please complete this form. The maximum amount to be paid via credit card is \$2,000. Please fax the completed form to the attention of Kimberly Tuchon at 401-847-2044. Please call 401-841-0900 X 15 with any questions.

\_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover Card

Card # \_\_\_\_\_ Exp. Date \_\_\_ / \_\_\_

V-Code: code from back of card \_\_\_\_\_

**OR**

Cardholder's address, if different from company address:

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholders Name (please print) \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name \_\_\_\_\_

Account # \_\_\_\_\_ Invoice # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_ Invoice # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_ Invoice # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Additional Information:

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By completing this credit card payment form, you authorize Sail America to charge your credit card for payment of the goods described above.