



Service work/ Credit Card File Authorization Form (REQUIRED)

Customer Name: _____ Address: _____

_____ Zip Code _____

Boat Name: _____ Length/Make: _____

Phone: _____ Email Address: _____

How do you prefer to receive invoices (select one): _____ MAIL _____ EMAIL

Signature below indicates client's authorization for Foley Marine Solutions to bill client's credit card for invoices upon receipt/completion. In this case, invoice copies will be mailed, along with the customer copy of the credit card charge slip. Client understands that invoices which remain unpaid thirty (30) days from the invoice date are subject to a 3% collection fee. Same will be added to the invoice at the time of credit card processing.

Customers who prefer to have all their invoices paid by check at the time of invoicing must notify Foley Marine Solutions prior to completion of work. Payment must be received when serviced rendered upon receipt of the invoice. Otherwise the credit on file will be processed for payment in full.

Check Card Type (check one): _____ VISA _____ MASTERCARD _____ AMEX

Credit Card Number: _____ Expiration Date: _____ ccv# _____

Name Printed on Card: _____

Credit Card Statement Address: _____

_____ ZIP CODE _____

I authorize Foley Marine Solutions to bill my credit card.

Client Signature: _____

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