

DYNASTY MARINE ASSOCIATES INC.
CREDIT CARD AUTHORIZATION FORM

Store Name: _____ Date: _____

Store Representative: _____ Title: _____

ALL INFORMATION MUST BE COMPLETED FOR EACH CARD LISTED

Primary Card Number: _____ Exp. Date: _____

Card Type (circle one): Visa MasterCard American Express Discover

CVV Security Code: _____ (found on back of card on signature strip; on front for AmEx)

Name as it appears on card: _____

Billing address of Cardholder: _____

Signature of Cardholder: _____

Secondary Card Number: _____ Exp. Date: _____

Card Type (circle one): Visa MasterCard American Express Discover

CVV Security Code: _____ (found on back of card on signature strip; on front for AmEx)

Name as it appears on card: _____

Billing address of Cardholder: _____

Signature of Cardholder: _____

I authorize Dynasty Marine Associates Inc. (hereinafter DMA) to charge my credit card(s) for any due amount. I agree by signing below to personally guarantee to DMA any obligations that may become due as well as accept personally the terms and conditions as expressed in the DMA terms and conditions agreement.

Upon acceptance of this application, the client agrees to the payment terms stated by the creditor, DMA, 1.5% monthly finance charge will apply on any open balances beyond terms. We reserve the right to cancel or change terms based on account performance at any time without notice. A freight charge will apply on any courier service that is scheduled for payment pick-ups. Additional fees may apply. I understand that I am fully responsible for any balances on my account, and I am liable for any additional charges that may be incurred by DMA as a result of collection and/or legal proceedings including costs and attorneys' fees throughout trial and appeals. I agree this authorization is subject to the Terms and Conditions stipulated by DMA and accepted by the undersigned and/or Purchaser, Customer/Consignee. In the event that my credit card expires I will provide DMA, with the new expiration date in writing or via telephone.

In the event that your credit card(s) decline charges for a shipment your order will be sent C.O.D. Certified Funds, unless you have been pre-approved for company check status, and we will notify you of this change by phone or fax. If this is not acceptable please indicate here with your initials ____, and we will restock your order and try to reschedule the shipment for a later date (there will be a 20% restocking fee for all orders that are not shipped due to credit card decline). DMA reserves the right to postpone a shipment if the credit cards decline. Please let us know at the time of your order which credit card you would like to have charged and whether or not any backup card may be used in the event that your card of choice does not accept the charges. In the event that a card preference is not indicated, we will charge your primary card, and if this card declines, the secondary card will be charged.

I have read and understand the above conditions.

Print Full Name: _____ Date: _____

Card Holder Signature: _____

(Facsimile signature shall be accepted as an original signature)

FOR OFFICE USE ONLY

CC#1 Exp. Date: _____ CC#1 Exp. Date: _____ CC#2 Exp. Date: _____ CC#2 Exp. Date: _____