



2690 E. Katherine Spur Rd.  
Bullhead City, AZ 86429  
Phone: (928) 754-3245  
Fax: (928) 754-1125  
[moorage@lakemohavemarina.com](mailto:moorage@lakemohavemarina.com)

Attn: Moorage Department

## CREDIT CARD AUTHORIZATION

---

I hereby authorize Seven Resorts, Inc. to (check one):

Charge my credit card account monthly for the total of my balance then due.

Charge my credit card for a onetime charge of \$\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If this is a monthly authorization, it is to remain in effect until Seven Resorts, Inc. has received written notification from me of its termination in such time as to afford Seven Resorts, Inc. a reasonable opportunity to act on it. Send notification to either: 2690 E. Katherine Spur Rd., Bullhead City, AZ 86429 -or- fax: (928) 754-1125 -or- email: [moorage@lakemohavemarina.com](mailto:moorage@lakemohavemarina.com).

**Note: You will continue to receive a monthly statement showing the balance forward, current charges and payments, including credit card payments. If the charges are all current and valid, do not pay from this statement. Your card will be charged on the first of the following month. If the balance forward is not shown as paid, your card has probably expired. When you notice this, please fax, mail or email us an updated Authorization Form.**

Account Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Type: Providing a debit card could result in substantial bank fees due to the timing if the authorized charges. We do not accept American Express.

Daily Limit (if any): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

CVV/CID # (3 digit number on the back of card following the last 4 digits of card number): \_\_\_\_\_

Credit Card Billing Address (street number and zip code only):

Street Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_