



Treasure Island Sailing Center
Launching point for new Horizons

CREDIT CARD AUTHORIZATION FORM

Renter Name: _____

Name as it appears on credit card: _____

Billing Street Address: _____

City, State, and Zip Code: _____

Billing Phone Number: _____

Email: _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ CVV Code: _____

I hereby authorize the Treasure Island Sailing Center to charge the above account on a monthly basis in the amount of \$_____.

I will inform TISC immediately by email or fax or U.S. mail (not verbally) if my credit card information changes.

Authorization Signature: _____

Printed Name: _____ Date: _____

Storage Fee Schedule

Boat	Dimensions	Monthly Fee
Rack Storage	16ft X 6.5ft	\$50
Dinghy Dolly/Trailer	16ft X 6.5ft	\$80
Keelboat/Motorboats	30ft X 8.5ft	\$130