

## Credit Card Information Form



The following information is required to process a credit card transaction.

Name as it appears on credit card:

\_\_\_\_\_

Billing Address:

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Credit Card (circle one) :      VISA                  MasterCard                  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_

Amount to be charged to your card: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Form can be sent to **SCHRADER YACHT SALES, INC.**

**1723 BAY AVENUE**

**POINT PLEASANT, NEW JERSEY 08742**

**OR**

**Fax this form to (732) 899-8180**

**OR**

**Scan and e-mail to [sales@schraderyachts.com](mailto:sales@schraderyachts.com)**

**We appreciate your business! Thank you.**