

# **The Wharf at Clear Lake Slip Maintenance Association**

## **Credit Card Authorization Form**

Please complete all fields and return to [stacy@babs-inc.com](mailto:stacy@babs-inc.com).  
You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>	
Dock: _____	
Slip: _____	
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	CVC Code: _____
Cardholder ZIP Code (from credit card billing address): _____	

I, \_\_\_\_\_, authorize The Wharf at Clear Lake Slip Maintenance Association (WSMA) to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

The Wharf at Clear Lake Slip Maintenance Association  
P.O. Box 1208  
League City, Texas 77574  
281-678-5372  
[www.wsmac1.org](http://www.wsmac1.org)