

Jayhawk Marina, Inc.

Charge Account Authorization

As one of the "perks" of being a tenant here at the Marina, you have the privilege of utilizing a charge account; however, your charge account will be required to be secured by a valid credit card or a pre-payment on your account. We're proud to offer the charge account convenience and appreciate your timely payments. Once your completed form is received by Jayhawk Marina management, your charge account will be activated within 24 hours.

We will not use the credit card on file to pay your monthly charges. If you want that option, please complete the Auto-Pay Form. You may make payments on your charge account by cash, check or credit card at any time during the month. Your account balance is due in full by the last day of the following month. However, any open and unpaid balance present on the 1st day of the following month will automatically be charged to your credit card on file. If the credit card is declined and or the payment is not made by the due date, a \$30.00 late fee will be accessed to your account.

Your credit card information will be stored according to the Payment Card Industry Data Security Standard (PCI DSS) requirements.

You authorize regularly scheduled monthly storage, repairs, slip rent and store charges to your credit card. You will be charged the amount indicated on your monthly statement. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided.

It is the customers responsibility to notify us of any changes to your card while this agreement is in effect. If your credit card on file becomes invalid, your charge account privileges will be put on hold until your credit card on file with us is updated and is valid.

A copy of this form is available at www.jayhawkmarina.com/marina-forms

I _____ authorize **Jayhawk Marina, Inc.** to store my card per PCI DSS standards.
(Cardholder's Name) (Merchant's Name)

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Credit Card Details

Visa MasterCard Discover American Express

Cardholder Name _____
Credit Card Number _____
Expiration Date ____ / ____
CVV _____
Zip Code _____

I understand that this authorization will remain in effect until my Slip Agreement ends and or all unpaid balances are paid in full. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
(Cardholder's Signature)

Effective 1/5/23