

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

We appreciate your business! Thank you.