



GULF HARBOUR
MARINA

CREDIT CARD DIRECT DEBIT

To : Gulf Harbour Marina,
P.O. Box 205,
Whangaparaoa

FAX NUMBER: (09) 424 0703

I, hereby give authority for Gulf Harbour Marina and Gulf Harbour Investments Ltd to charge my card on or after the due date for charges relating to berth or vessel

Card Type: Visa Mastercard

Card Number: _____ - _____ - _____

Expiry Date: _____ / _____

I acknowledge that my credit card details will be held on file for this purpose until I request for them to be removed.

Signed: _____

Date: _____