

FISHERS ISLAND FERRY DISTRICT
PO Box 607, Fishers Island, NY 06390
TEL: 631.788.7463 FI) 860.442.0165 (NL)

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT CLEARLY

Primary Name on Account: _____

(Please check all that apply)

- New Customer
 Update Current Customer Account
 Commercial: Company Name: _____

List all names to be included and billed on this account. Any names not included will be removed from the account:

Names: _____

Credit Card Billing Address: _____

City/ State/ ZIP: _____

Telephone: _____

List emails to receive invoices and statements:

I, _____ (Name as it appears on the credit card), give the Fishers Island Ferry District authorization to charge the credit card below in the full amount due on the account at the end of each month.

Credit Card #: _____

Expiration date: _____

Authorized Signature: _____ Date: _____

Please submit form directly to Fishers Island Freight Office or email to FiBilling@FiFerry.com

Approved: _____

Date: _____



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Shoulders & Peak Resident (May – November)

Year Round

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