



INTERNATIONAL CREDIT CARD PROCESSING SLIP
VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER

NAME OF BOAT _____

NAME ON CREDIT CARD _____

BILLING ADDRESS _____

CITY _____ PROVINCE _____

COUNTRY _____

AMOUNT DUE: _____

CC# _____

EXPIRATION DATE: _____

SECURITY CODE (FROM BACK OF CARD) _____

SIGNATURE: _____

EMAIL ADDRESS: _____

FAX TO: Katie Barker, Sail Newport **(401) 846-7245**