

Sunny Atlantic Beach Club

2035 OCEAN BOULEVARD • ATLANTIC BEACH, NY 11509 • (516) 239-9090 • FAX (516) 239-3186
www.SunnyAtlantic.com

2016-2017 Sunny Atlantic Beach Club Credit Card Agreement

Please complete and submit this form with your application if you would like to charge your deposit or other payment to your credit card. Please note: Your **address and** authorization code **are required** to complete your transaction.

Card Type: Visa MasterCard Discover AMEX

Card Number: _____

Expiration Date: Month: _____ Year: _____

Credit Card Authorization Code: _____ Zip Code: _____
(Last 3 digits in the signature box on the back of your Visa, MasterCard or Discover OR the 4 digit authorization code found on the front of your American Express.)

Member Name(s): _____ Unit Number: _____

Cardholder's Name: _____

Billing Address: _____

Phone #: _____

Please check here and complete below if you would like to create your own payment schedule; we will automatically charge your card as indicated:

Date to be charge:	Amount to be charged:
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
___ / ___ / ___	\$ _____
<u>05 / 10 / 2017</u> Final Payment	\$ _____

I authorize Sunny Atlantic Beach Club to charge my credit card as listed above for the amount shown.

Signature _____ Date _____

To use this service, there will be a \$3 convenience fee for each transaction.