

# Sunny Atlantic Beach Club

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

www.SunnyAtlantic.com

## 2017-2018 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:**

\_\_ / \_\_ / \_\_

\_\_ / \_\_ / \_\_

\_\_ / \_\_ / \_\_

\_\_ / \_\_ / \_\_

\_\_ / \_\_ / \_\_

05 / 10 / 2018

**Amount to be charged:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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.***