



YACHT PROVISIONING / GROCERY PAYMENT FORM

NAME / BOAT NAME: _____

CREDIT CARD INFORMATION:

Card Type: MasterCard AMEX VISA

Card #: _____ EXP DATE: _____ CVC: _____

Name on card: _____

Billing Address: _____

City: _____ State / Parish: _____ Zip: _____

I authorize Miles Market Ltd. to charge the above credit card for purchased items on "Yacht provisioning / grocery order form" by the person named above.

Signature: _____ DATE: _____

Please send this form via email to groceries@miles.bm OR via fax to 441-296-4537