



Port of Hood River
 1000 E. Port Marina Dr.
 P.O. Box 239
 Hood River, OR 97031
 541-386-1645
 www.portofhoodriver.com



Credit Card Authorization Form

Card Type <small>(circle one)</small>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard		
Card Number	_____ - _____ - _____ - _____	Exp Date: ____/____		
Card Holder	First Name:	MI:	Last Name:	
Credit Card Billing Address:				
Address:				
Address:				
City:				
State:				
Zip Code:				

I understand that the Port of Hood River BreezeBY Agreement remains in effect for all toll tags registered to my account. I authorize the Port of Hood River to charge my card for the total amounts identified on the BreezeBy application.

Signature: _____ Date: _____