



Preferred Partners

O F T H E H A M P T O N S

Credit Card Authorization

NAME AS ON CARD:	
CREDIT CARD TYPE:	
CREDIT CARD NUMBER:	
CVC NUMBER:	
EXPIRATION DATE:	
BILLING ADDRESS:	
CITY:	
STATE:	
ZIP/POSTAL CODE:	

By signing this form you're authorizing the monthly reoccurring charge by Preferred Partners Of The Hamptons LLC at the below agreed upon subscription fee for membership to Preferred Partners Of The Hamptons.

Name: _____

Business: _____

Profession: _____

Monthly subscription: _____

Credit Card Processing Fee: _____

Total Charge Authorized: _____

Date _____

Signature _____