



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

| Credit Card Information |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____ |
| Card Number: _____ |
| Expiration Date (mm/yy): _____ |
| Card Verification Code (CVC) _____ |
| Cardholder ZIP Code (from credit card billing address): _____ |

I, _____, of _____

authorize The Department of Trade, Investment Promotion & Consumer Affairs, a body of the Government of the Virgin Islands (U.K.) to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date



GOVERNMENT OF THE
VIRGIN ISLANDS

PLEASE FORWARD ALL CREDIT CARD FORMS TO BVITRADE@GOV.VG