



**CONSERVATION AND FISHERIES DEPARTMENT**  
MINISTRY OF NATURAL RESOURCES & LABOUR  
GOVERNMENT OF THE VIRGIN ISLANDS

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## CREDIT CARD AUTHORIZATION FORM

Please complete form in ALL CAPITAL LETTERS

CARD HOLDER INFORMATION	
Company Name:	Name on Card:
Card Holder Billing Address:	
City:	State: Zip:
Telephone:	Email Address:
Purpose of Payment: _____ _____ _____	
PAYMENT AUTHORIZATION	
Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD	
Card Number: _____	Exp. Date: _____
Amount (USD): _____	
I wish to authorize the purchase of services/merchandise from the Government of the Virgin Islands, using Credit Card Authorization Form. I agree that I will pay for this purchase. I understand that my signature on the form will serve as authorized signature on the credit card charge slip. I understand that my receipt will be emailed to me. This authorization is valid for this transaction only. Thank you for your business.	
EMAIL COMPLETED FORM TO <a href="mailto:CFD@GOV.VG">CFD@GOV.VG</a>	
Print Name: _____	
Signature: _____	Date: _____