




## OFFICE OF THE ACCOUNTANT GENERAL

Government of the Virgin Islands  
Central Administration Complex  
Road Town, Tortola, VG1110  
British Virgin Islands  
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Fax: 284-468-3256

### Credit Card Authorization Form

CARD HOLDER INFORMATION	
Company Name:	Name on Card:
Card Holder Billing Address:	
City:	State: <span style="float: right;">Zip:</span>
Telephone:	Email Address:
PAYMENT AUTHORIZATION	
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Card Number: _____ Exp. Date: _____	
Card Identification Number: _____ Please reference the picture to the right for the location of this number on your card (Visa, MasterCard & Discover: 3 digits on back)	
Amount (USD): _____	
<p>I wish to authorize the purchase of services/merchandise from the Government of the Virgin Islands, using this Credit Card Authorization Form. I agree that I will pay for this purchase. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. I understand that my receipt will be mailed to me. This authorization is valid for this transaction only. Thank you for your business.</p> <p><b>Please complete form in all CAPS.</b></p> <p style="text-align: center;"><b>CONFIDENTIAL</b></p>	
Print Name: _____ Signature: _____ Date: _____	