**GOVERNMENT OF THE VIRGIN ISLANDS**

**PARAQUITA BAY, TORTOLA, VIRGIN ISLANDS**

**TEL: 284-468-6123 / 6124 / 6197**

**EMAIL: fisheries@gov.vg**  / **vet@gov.vg**

**CREDIT CARD AUTHORISATION FORM**

**Please complete form in ALL CAPITAL LETTERS**

|  |
| --- |
| **CARDHOLDER INFORMATION** |
| COMPANY NAME: |   |
| CARDHOLDER NAME (as it appears on card): |   |
| CARDHOLDER BILLING ADDRESS: |   |
| CITY: |   | STATE: |   | ZIP/POSTAL CODE: |   |
| TELEPHONE: |   | EMAIL ADDRESS: |   |
| CARD TYPE: [ ]  VISA [ ]  MASTER CARD |
| CARD NUMBER (last 4 digits only): |   | EXPIRATION DATE (MM/YY): |   |
|  |
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| --- |
| I hereby authorise the Government of the Virgin Islands to collect payment for all charges in relations to my |
| [ ]  Fishing Licence [ ]  Animal Permit [ ]  Merchandise Other: |  |
| in the amount of |  | (USD). I certify all information is complete and accurate. I  |
| understand that my receipt will be emailed to me and my credit card information will be destroyed upon completion of this transaction. |

 |
| CARDHOLDER SIGNATURE: |  | DATE (MM/DD/YY): |   |
|  |  |  |  |
| ✂------------------------------------------✂-------------------------------------------------✂----------------------------------------------- |
| TO BE DESTROYED UPON COMPLETION OF THIS TRANSACTION |
| CARDHOLDER NAME (as it appears on card): |   |
| FULL CARD NUMBER (call and provide): |   |
| CVV CODE (call and provide): |   | EXPIRATION DATE (MM/YY): |   |
|

|  |  |  |  |
| --- | --- | --- | --- |
| CARDHOLDER SIGNATURE: |  | DATE (MM/DD/YY): |   |

 |
| **EMAIL COMPLETED FORM TO** **fisheries@gov.vg (fishing licences and vessel certifications)** **vet@gov.vg (import/export fees and dog licences)** **THANK YOU FOR YOUR BUSINESS** |