**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): | | |  | |
|  | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 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** | | | | | | | | | | | | | | | | | |