



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BUSINESS AND FINANCIAL MANAGEMENT

18-23 ESTATE ENIGHED • ST. JOHN, VIRGIN ISLANDS 00802 • 340.776.6737 •
18 KONGENS GADE • CHARLOTTE AMALIE, VIRGIN ISLANDS 00802 • 340.774.2991 •

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY **FAX: (340-777-4836 OR 340-693-9916)** OR BY REGULAR MAIL. *(Please
provide a copy of your personal identification e.g. driver's license or passport)*

Date: _____

Cardholder Name: _____

Contact Number: _____ - _____ - _____ Email: _____

Signature: _____

Billing Address: _____

_____, _____

Credit Card Type:

☐ VISA

☐ MASTERCARD

☐ ATM/ATH CARD

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

____ / ____

Amount Charged: _____ (USD)

Apply Amount to: _____