



**GOVERNMENT OF THE
VIRGIN ISLANDS**
The Cabinet Office

Cabinet Office

The Virgin Islands Official Gazette
Government of the Virgin Islands
Road Town, Tortola
Virgin Islands
Tel: 284 468 4386
Email: gazette@gov.vg

Credit Card Authorization Form

CARD HOLDER INFORMATION	
Company Name:	Name on Card:
Card Holder Billing Address:	
City:	State: Zip:
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, Cabinet Office 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>Directions: Please print this page, fill in all required information above in all caps and email to gazette@gov.vg</p> <p style="text-align: center;">CONFIDENTIAL</p>	
EMAIL COMPLETED FORM TO GAZETTE@GOV.VG	
Print Name: _____	Signature: _____ Date: _____