



GOVERNMENT OF  
THE UNITED STATES VIRGIN ISLANDS

**OFFICE OF THE LIEUTENANT GOVERNOR**  
**DIVISION OF BUSINESS AND FINANCIAL MANAGEMENT**

1105 King Street • Christiansted, Virgin Islands 00820 • 340.773.6449 •  
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) 776-5039** 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: \_\_\_\_\_ / \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card):

Amount Charged: \_\_\_\_\_(USD)

Apply Amount to: \_\_\_\_\_