



MARITIME AUTHORITY OF THE CAYMAN ISLANDS

CREDIT CARD AUTHORIZATION FORM

(PLEASE PRINT CLEARLY)

I _____ duly authorize the Maritime Authority of the
(Please print name)
Cayman Islands to debit my Credit Card Account as follows:

SERVICE REQUESTED: _____

VESSEL NAME: _____ **OFFICAL NUMBER:** _____

INVOICE # _____ **AMOUNT AUTHORIZED US\$** _____

AMOUNT IN WORDS: _____

VISA # _____ Expiration date: _____

MASTER CARD # _____ Expiration date: _____

CARDHOLDER NAME: _____

CREDIT CARD BILLING ADDRESS: _____

MAIL RECEIPT TO: _____

CONTACT NUMBERS: TEL () _____ **FAX ()** _____

CARDHOLDER EMAIL: _____

SIGNATURE OF CARD HOLDER: _____