



**VIRGIN ISLANDS PORT AUTHORITY**  
Post Office Box 301707  
ST. THOMAS, VIRGIN ISLANDS U.S.A. 00803-1707  
TEL: (340) 774-1629 • FAX (340) 774-0025

### Credit Card Payment Authorization Form

Sign and complete this form to authorize Virgin Islands Port Authority to make debits to your credit card listed below.

By signing this form, you give us permission to debit your account. This is permission for transactions only for related debits or credits to your account\_\_\_\_\_.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Virgin Island Port Authority to charge my  
(full name)  
credit card account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_.  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  Mastercard  AMEX  Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.