

DEBIT/CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return the same to us. All information will remain confidential.

Cardholder Name:

Billing Address:

Card Type: Visa Mastercard Discover American Express

Debit/Credit Card Number:

Exp. Date: _____

Card Identification Number (3 digits on back of card): _____

Amt. to be charged: USD\$ _____

I am duly authorized to instruct Burrows & Co. BVI to charge the amount stated above to the debit/credit card provided herein. I agree that I will be responsible for any applicable fees levied by the debit/credit card issuing bank.

Signature: _____

Print Name: _____

Email/phone contact: _____

Date: _____

Note: Payment is in respect of Invoice No. _____