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CREDIT CARD AUTHORIZATION FORM
(PLEASE PRINT CLEARLY)

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

SERVICE REQUESTED: _____

AIRCRAFT NAME: _____ **OFFICAL NUMBER:** _____

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

AMOUNT IN WORDS: _____

VISA/MC # _____ **Expiration date:** _____

Amex # _____ **Expiration date:** _____

CARDHOLDER NAME: _____

CREDIT CARD BILLING ADDRESS: _____

MAIL RECEIPT TO: _____

CONTACT NUMBERS: TEL _____ **FAX** _____

CARDHOLDER EMAIL: _____

SIGNATURE OF CARD HOLDER: _____