

V.I. SOURCE

Credit Card Authorization Form

Please type or print legibly

Your Name _____

Company Name _____

Please Circle: VISA MasterCard

Card #: _____

Expiration Date: _____ Card Validation #:(required) _____

Name as it appears on card _____

Billing Address _____

I, the undersigned, hereby give Virgin Islands Source, Inc. permission to charge
\$ _____ to the credit card noted above.

Cardholder's signature

Date

Please fax to: 340-777-8136

P.O.. Box 505
St. Thomas, VI 00804

340-777-8144 (ph)

340-777-8136(fax)

ON - LINE
ALL THE TIME

