

CREDIT CARD AUTHORIZATION FORM

I _____ of _____
Print Name *Insert Organisation*

hereby authorize the Caribbean Corporate Governance Institute (*"the Institute"*) to charge the sum of _____ Dollars to my credit card to settle invoice numbered _____.

By signing the provision below, I declare that I am the legitimate owner of the card or I am an authorized agent of the entity where a corporate credit facility has been used. Further, I certify that the information provided on this form is true and accurate.

Signature Date



This section will be detached and destroyed by the Institute after payment has been successfully administered.

Name on the Card: _____

Billing Address: _____

Type of Card: Visa Master Card American Express Discover Other

Credit Card Number: _____

Expiration Date: _____

Processed by: _____