

## 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: \_\_\_\_\_