

Maritime Authority of the Cayman Islands
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I (CAPITAL LETTERS):

duly authorise the Maritime Authority of the Cayman Islands to debit my Credit Card Account as follows:

Service Requested:

Vessel Name:

Official Number:

Invoice Number:

US\$ or Euro Amount Authorised:

Amount in Words:

VISA Number:

| | | | - | | | - | | | | |

Expiration Date: (MM/YYYY)

MasterCard Number:

| | | | - | | | - | | | | |

Expiration Date: (MM/YYYY)

Discover Number:

| | | | - | | | - | | | | |

Expiration Date: (MM/YYYY)

Cardholder Name:

Credit Card Billing Address:

Mail Receipt To:

Contact Numbers: Tel:

Fax:

Cardholder Email:

Signature of Card Holder: