



## CREDIT CARD AUTHORIZATION FORM

**PLEASE READ THIS BEFORE YOU CONTINUE:** FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD, ALONG WITH A CLEAR COPY OF THE CREDIT CARD AND AUTHORIZED USER DRIVER'S LICENCE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE, EMAILED OR FAXED TO (473) 440-0011 AND RECEIVED BY WINWARD ISLAND BUNKERING BEFORE ANY ORDER CAN BE PROCESSED. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WON'T BE ABLE TO PROCESS YOUR ORDER. PLEASE NOTE - NAME ON CREDIT CARD MUST MATCH NAME ON PICTURE ID.

VESSEL NAME/COMPANY: \_\_\_\_\_

I, \_\_\_\_\_ BY EXECUTING THIS  
(NAME AS IT APPEARS ON CREDIT CARD - PLEASE PRINT)

**AGREEMENT UNCONDITIONALLY AUTHORIZES WINWARD ISLAND BUNKERING TO CHARGE THE FOLLOWING CREDIT CARD:**

**TYPE OF CARD:** (Circle One)  AMEX  MASTERCARD  VISA  DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CW2 Code: \_\_\_\_\_ (Back of Card)

FOR THE AMOUNT OF: \$ \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

**CARDHOLDER'S BILLING ADDRESS (Required):**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

AREA CODE AND TELEPHONE No.: \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER AUTHORIZED SIGNATURE DATE

*\*Please note that this form will not be accepted without proper photo ID*

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY WINWARD ISLAND BUNKERING PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.