

THE VIRGIN ISLANDS BAR ASSOCIATION



# VISA/MasterCard Form

\_\_\_\_\_  
Name as it appears on your card

\_\_\_\_\_  
Name of person signing on card

\_\_\_\_\_  
Authorizing signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Billing Address for the Credit Card

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Phone (to reach you)

\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
E-mail

Card Number: \_\_\_\_\_ (16 numbers)

Expiration Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 20\_\_\_\_

Three digit code from the back of the card.

**AMOUNT to Charge: \$** \_\_\_\_\_

We cannot process your charge without it \_\_\_\_\_

**PAYMENT MADE BY**

Visa



Master Card



For VISA/MasterCard payments fill out this form and return to the VIBAR office.

**Fax VISA/MC Form to the VIBAR. Place original in the mail. Thank you.**

**VIRGIN ISLANDS BAR ASSOCIATION**

**Hinda Carbon** - Executive Director

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