



**GOVERNMENT OF THE VIRGIN ISLANDS
OF THE UNITED STATES
OFFICE OF THE LIEUTENANT GOVERNOR**
5049 Kongens Gade, St. Thomas, Virgin Islands 00802

NOTARY DIVISION

NOTARY CREDIT CARD AUTHORIZATION FORM

Please print, sign and return this authorization form to our office by Postal Mail.
(Please provide a copy of your personal identification e.g. driver's license or passport)

Date: _____ Cardholder Name: _____

Email: _____

Contact Phone Number: 1 _____

Billing Address: _____

Credit Card Type or:
ATM/ATH CARD



Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Card ID Number (3 digits located on the back of the credit card): _____

Amount Charged: (USD)\$ _____

Print Name: _____

Signature: _____