



One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize the "**The Government of the VI**" (**Virgin Islands Department of Health**) to make a one-time charge to your credit card as listed below.

By signing this form (electronically or otherwise), you give **The Government of the VI**" (**Virgin Islands Department of Health**) permission to debit your account for the amount indicated below. This permission is for a single transaction only and does not provide authorization for any additional unrelated debits or credits.

I _____ authorize **Government of the VI** to charge the
(Cardholder's Full Name) (Merchant's Name)

credit card account indicated below the amount of _____
US \$ Amount

Payment for _____ for _____
First, Middle, Last Name (Licensee/Entity) credential application, registration, license renewal, CON, verification, copies, etc.

Billing Information

Billing Address _____ Cell phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard

Cardholder's Name as it Appears on Card _____

Credit Card Number# _____

Expiration Date ____ / ____ CVV _____ Zip Code _____

"Please include a copy of a government issued ID if you are not the applicant or license holder."

I authorize the **Government of the VI (Department of Health)** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services indicated and in the amount indicated above only and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

cardholder original signature

date