



Saint Lucia Air & Sea Ports Authority

Credit Card Payment Form:

To pay by credit card, please fill in your full name and complete the cardholder information.

Name of Applicant:

Credit Card Type (check one): we do not accept American Express

Visa MasterCard

Name of Cardholder (as it appears on card):

Cardholder Address: (For processing credit card payment only. All materials requested will be sent to the applicant address provided on the appropriate forms.)

*Explanation of Credit Card CVV2 number:
(To be entered below)

Visa and MasterCard: This number is printed on your MasterCard & Visa cards in the signature area of the card. (It is the last 3 digits AFTER the credit card number in the signature area of the card).

Credit Card #:

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Expiration Date: _____ * CVV2 Number _____

Total Charges U.S. \$ _____

Cardholder Signature (authorization for payment):

I _____ hereby authorize Saint Lucia Air & Sea Ports authority (SLASPA) to charge my credit card for the total of US\$..... for expedited service () or Use of Lounge (). Please tick appropriate service

Signature of Authorized Cardholder