

Credit Card Form

Payable to the **Regulatory Authority Bermuda**

Please charge the following account for the applicable licence fees:

Name of Licensee:

Licence number in respect of the renewal payment:

AND/OR

Call Sign:

Other identifying information (not required):

MasterCard*	
Visa*	

Card Number*: _____

Expiry Date*:

CVC Code*: (3 digit code found on back of Credit Card)

Cardholder's Name*:

Cardholder's Address*:

Street*:

City*:

State/ County*:

Zip/Postal Code*:

Country*:

Telephone Number*

Email address*:

Signature:

Print Name

(*) - Denotes required fields. Any information not furnished will result in payment not being processed.