



Island Primary Authorization for Card Use

Please complete the details below and return a signed copy to info@islandprimary.org

Name on Card: _____

Card Type: _____ VISA _____ MasterCard

Card Currency: _____ KYD _____ USD _____ Other

Card Number: _____

Expiration Date: _____ Card Identification Number: _____

Amount to Charge US\$ _____ KY\$ _____

I, _____ authorize Island Primary Ltd. to charge the amount listed above to the credit card provided herein. I agree to pay the above amount in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____

Date: _____

Email Address: _____

Phone Number: _____