



P.O. BOX W247 Wood's Centre St. John's Antigua
Tel: 1-268-480- 3100 documents@intertops.ag

CREDIT CARD AUTHORIZATION FORM

Email this Form along with copies of the following to documents@intertops.ag

- 1) Color copy of Passport or Driver license of Accountholder (both sides).
- 2) Color copy of valid Passport or Driver license of the card holder of each authorized credit card
- 3) Color copy of Authorized Credit Card(s) (both sides).
- 4) Color copy of a Utility Bill, bank statement or credit card statement, not older than two (2) months

Intertops Logon User Name or Customer Number	Date
Intertops Accountholder Name	Accountholder Contact Telephone #1
Intertops Accountholder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Accountholder Contact Telephone #2

By signing below, I authorize the use of the following credit cards ("Authorized Card(s)" for loading my Intertops account identified above. I also agree that I have been authorized to use all of the Authorized Card(s) listed below and agree to pay any and all charges incurred by these cards to fund my Intertops account, regardless of when or by whom the transaction was authorized. I agree that you shall be fully protected in honoring any such Authorized Card(s) payments. I further agree that if any such Authorized Card(s) payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, including any fees imposed by my bank, even though such dishonor may result in the inaccessibility of my Intertops account.

By: _____
Signed _____ Dated _____

Print Name

Authorized Card (1)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____ _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____

Authorized Card (2)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____ _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____

Authorized Card (3)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____ _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____

Authorized Card (4)		
CARD TYPE <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX	CARD NUMBER: _____ CARD BILLING ADDRESS: (if different than above) _____	EXPIRATION DATE: _____ _____
CARDHOLDER'S NAME (as it appears on the credit card) _____		
SIGNATURE OF CARDHOLDER _____		TODAY'S DATE _____