





**GONSALVES LIQUORS LTD.**  
Cnr. Middle & Melville Streets, Kingstown  
Box 383, St. Vincent  
Email: [info@gonsalvesliquors.com](mailto:info@gonsalvesliquors.com)  
Tel: 1-784-457-1881 Fax: 1-784-456-2645

**CREDIT CARD AUTHORIZATION FORM**

Attn: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: \_\_\_\_\_

Please charge my credit card for the items ordered and all future orders between  
\_\_\_\_\_ in the  
(Arrival – Departure Dates)

NAME OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CREDIT CARD NO. \_\_\_\_\_

Circle one: VISA MC AmEx

CARD HOLDER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

CARD HOLDER SIGNATURE: \_\_\_\_\_

Please email or fax. Thank you.