



GONSALVES LIQUORS LTD.
Cnr. Middle & Melville Streets, Kingstown
Box 383, St. Vincent
Email: 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 note that there will now be an additional charge of 3% on Visa and Master Cards and 4% on American Express Cards.

Please email or fax. Thank you.