



UTILITIES REGULATION & COMPETITION AUTHORITY

## CREDIT CARD AUTHORIZATION FORM

**NOTE:** Information submitted on this form is collected in compliance with the Data Protection (Privacy of Personal Information) Act, 2003. Such information will be collected, processed and used in a confidential manner. The information submitted herein will be retained for a period not exceeding three months after which the form and its contents will be destroyed.



### LICENCEE INFORMATION

Licence Number (s): \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
License Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### TRANSACTION INFORMATION

Licence Fees: B\$ \_\_\_\_\_  
Invoice Number (s): \_\_\_\_\_

### PAYMENT INFORMATION

Card type  Visa   MasterCard   
Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
3 Digit Pin Number \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

### ADDITIONAL QUESTIONS

Call us Monday to Friday, 9:00 a.m. to 5:00 p.m. Eastern time;  
Telephone: 1 242 393 0234 Fax: 1 242 393 0188  
Email: info@urcabahamas.bs

**Please note: This form must be faxed to URCA at (242) 393 0188**