



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

License 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) 396-5200
 Email:accounts@urcabahamas.bs

Please note: This form must be emailed to URCA at accounts@urcabahamas.bs