



21 Bakery Lane, Pembroke, HM 07 Bermuda  
PO Box HM 1876 Hamilton, HM HX Bermuda  
Tel: 441-292-1556 x 24, Fax: 441-292-6561  
Email: info@ges.bm

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Credit Card Number: \_\_\_\_\_

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

Card Identification Number (last 3 digits located on the back of the credit card):  
\_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (BD)

I authorize GES Ltd. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_