U.S. COAST GUARD FINANCE CENTER

CREDIT CARD AUTHORIZATION FORM
VESSEL INPSPECTION/EXAMINATION
USER FEES

NAME (Please print) _____

Address _____

_____

Telephone Number including Area Code: _____

Vessel Name: _____

Vessel Identification Number (VIN):_____

Payment Amount: _____

Please charge my: _____ **VISA** _____ **MASTERCARD**

Card Number: _____

Card Expiration Date: _____

Signature: _____

Regular mail:

USCG INSPECTION FEES
PO BOX 105663
ATLANTA, GA 30348-5663

Express mail:

BANK OF AMERICA
ATTN: 105663
1075 LOOP RD, 2ND FLOOR
COLLEGE PARK, GA 30337

OR FAX THIS FORM TO: (757) 523-6734

FOR OFFICE USE ONLY: CLERK_____ **Date:** _____

Approval Code _____ **Confirmation Number:** _____