

Please submit completed form to aircraft@gov.im
Please note we do not accept American Express

Company Name

Authorised Signature

Amount

Invoice Number

Aircraft Registration

Card Type (tick one)

| | |
|--------------------------|---------------|
| <input type="checkbox"/> | Visa |
| <input type="checkbox"/> | MasterCard |
| <input type="checkbox"/> | Maestro |
| <input type="checkbox"/> | Visa Electron |
| <input type="checkbox"/> | Solo |
| <input type="checkbox"/> | JCB |

Card Number

Start Date

Expiry Date

CVS Number

(last 3 digits on the back of card)

Billing Address

Contact Name & Number