



CREDIT CARD PAYMENTS
Letter of Authorisation

I authorize the Fiji Museum / Fiji Museum Gift Shop / Friends of the Fiji Museum to debit my credit card in the amount of:

Fiji Dollar / F\$:

For:

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Credit Card Details:

Visa / MasterCard:

Name (as stated on card):

Card Number:

Issue Number:

Expiry Date:

Signature (as on card):

Name & Address of recipient:

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*Post/Fax to:
The Fiji Museum
PO Box 2023
Government Buildings
Suva
Fiji Islands
Fax: + 679 330 5143*