

PAYMENT INSTRUCTIONS

In order to make the payment of Seafarers & Maritime Operation invoices simpler and more efficient for our clients, we have changed and expanded our Banking affiliations. Please use the following instructions to submit all future payments for **Seafarers & Maritime Operation Invoices** only!

Please ensure that the name and registration number of the Liberian entity for which payment is being made, and, where available, the invoice number in respect in which you are making payment, are clearly stated on the payment. Available payment methods are listed below:

I. AMERICAN EXPRESS, VISA OR MASTERCARD

Please complete the credit card authorization form on the following page and follow the instructions on the form.

II. CHECK OR BANK DRAFT

Checks must be in U.S. dollars and drawn on a bank located in the United States, payable to:
"LISCR, LLC-Maritime Account VA"

III. BANK (WIRE) TRANSFER

Due to security reasons, we are no longer disclosing our banking information online. If you have any questions, please contact LISCR – Accounting department at 1 703-790-3434 or email, Accounting-Maritime@liscr.com for “Maritime Operations and Seafarer Certification Invoices & Payments”

Note: Please provide Payer's name, Official number and Invoice number. Amount must be remitted in U.S. Dollars).



LISCR, LLC

SEAFARER CERTIFICATE & MARITIME OPERATION Credit Card Authorization Form



INSTRUCTIONS

Please fax the completed form to LISCR at +1-703-790-5655

Type of Payment: Seafarers Maritime Operation

Invoice Number	Vessel Name	Official Number	Amount (US)
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Charges			\$

CREDIT CARD INFORMATION:	
Please select type of card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card Number:	(please enter credit card number here)
Security Code (a 3-4 digit number printed on front of an American Express card or on the back of a Visa or Mastercard):	(please enter security code here)
Expiration Date Valid to (dd/mm/yy – card may show only month and year):	dd/mm/yy / /

BILLING ADDRESS (address to which the credit card invoice/statement is mailed):	
Street Address:	
City:	
Postal/Zip Code:	
Country:	
Fax:	Telephone:
Email Address:	

ACCOUNT HOLDER'S NAME AND SIGNATURE (person who signed on the back of the card):	
Name:	Signature: