



L I S C R, LLC

LIBERIAN INTERNATIONAL SHIP & CORPORATION REGISTRY

8619 Westwood Center Drive, Suite 300
Vienna, Virginia 22182, USA
Email: accounting@liscr.com
Tel: + 1 703 790 3434
Fax: + 1 703 790 5655

SEAFARER CERTIFICATE & MARITIME OPERATION METHODS OF PAYMENT

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

To send your payment by bank transfer, your bank will require the following information:

Wire Transfers from Europe

Bank Name:	Commerzbank Global Shipping, Hamburg Hamburg, Germany
Swift/BIC Code:	COBADEFF208
IBAN:	DE40 2004 0050 0623 4546 02
Account Name and Address:	LISCR, LLC - Maritime Account VA 8619 Westwood Center Drive, Suite 300 Vienna, VA 22182 USA
Account Number:	623454602

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

Other Wire Transfers

Bank Name:	TD Bank, N.A. Cherry Hill, NJ, USA
ABA Number:	054001725
Swift Code:	CBNAUS33
Account Name and Address:	LISCR, LLC - Maritime Account VA 8619 Westwood Center Drive, Suite 300 Vienna, VA 22182 USA
Account Number:	3980106664

**(Please provide Payer's name, Official number, 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: