

Email Form

PURCHASE ORDER



Liberian International Ship & Corporate Registry

LISCR, LLC
8619 Westwood Center Drive
Suite 300
Vienna, VA 22182

Phone: + 703-790-3434
Fax: + 703-790-5655
Email: publications@liscr.com
www.liscr.com

Vessel Name/IMO#: _____
P.O. Date / Number: _____
Payment Method: _____

Ordered By

Company: _____
Address: _____
State/Province: _____
Zip/Postal Code: _____
Phone: _____
Fax: _____
Contact Name/Email: _____

Deliver To (same as above)

Company: _____
Address: _____
State/Province: _____
Zip/Postal Code: _____
Phone: _____
Fax: _____
Contact Name/Email: _____

Item	Description	Sold	Quantity	Unit Price	Amount
BMP-CBT	Anti Piracy Best Management Practice Computer Based Training CD	Single			
eRLM-300 CPF	CD-ROM Electronic version of RLM-300 - (Discount applies for purchase of 5 CD's and up)	Single			
RLM-300 CPF	Maritime Law, Regulations, Notices & Requirements Combined Publications Folder	Single			
RLM-110	Articles of Agreement	1 Set of 10			
RLM-120	Ozone Depleting Substances Record Book (ODS)	Single 2 Books			
RLM-121	Oil record Books (Part I) All Ships	1 Set of 10			
RLM-121A	Oil Record Books (Part II) Oil Tankers	1 Set of 10			
RLM-333	Cargo Record Books Ship carrying NLS	1 Set of 10			
RLM-338	Operational Safety Checklist	1 Set of 10			

Comments / Vessel Name(s) / Invoice

Sub-Total	
Freight Charges	*See below Note
Grand Total	*To be calculated upon dispatch

*** Note:** The Shipping & Handling charges vary on the final weight and destination to be calculated prior to shipment. International S&H freight charges start at \$45.

Authorized By: _____



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:	NRTHUS33
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 <i>(a 3-4 digit number printed on front of an American Express card or on the back of a Visa or Mastercard):</i>	(please enter security code here)
Expiration Date Valid to <i>(dd/mm/yy – card may show only month and year):</i>	dd/mm/yy / /

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

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