Trademark Search Application

Credit Card Payment

Today’s Date:………………………………… Registry General Fax 441-292-4568

I**, ………………………………………………………………………….** hereby agree to pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the attached Trademark Search:

Applicant’s Details

Full Names: …………………………………………………………………………………….

Complete Street Address ………………………………………………………………………….

 ……………………………………………………………………………..

 ……………………………………………………………………………..

Trademark Details

 Description of Mark(s) ………………………………………………………………………….

 ……………………………………………………………………………..

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Full Name (exactly as appears on credit card)…………………………………………………….……….………...

Visa Card #..................................................................... Exp. Date…………….. CID number…………..

MasterCard #.................................................................. Exp. Date…………….. CID number…………..

Amex Card#.................................................................... Exp. Date…………….. CID number…………..

Signature of Card Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE: THAT THIS FORM MUST BE ACCOMPANIED BY A CLEAR PHOTOCOPY OF THE FRONT/BACK OF CREDIT CARD GIVEN AND CLEAR PHOTO I.D WITH SIGNATURE OF CARD HOLDER**.

Email Address: …………………………………………………………..

Mail Confirmation to: **…………………………………………………………..**

 **…………………………………………………………..**

 **…………………………………………………………..**