

NAME : _____

POLICY NUMBER : _____

FORWARD THIS FROM TO :(name of the person you are sending this from to) _____



Credit Card Authorization

Name of CardHolder

Clicking below has the same legal effect as your handwritten signature:

I agree

I do not agree

Card Holder 's Signature

INSURED'S NAME AND ADDRESS

Expiry Date

VISA

MM / YY

MASTERCARD

POLICY NUMBER
DATE DUE
AMOUNT PAID

Account Number