



Date: \_\_\_/\_\_\_/\_\_\_

## CREDIT CARD AUTHORIZATION FORM

I hereby authorize **Caribbean Insurers Ltd.** to charge my credit card for the payment of my account.

Please check the selected box:

Type of Credit Card: Visa:  Mastercard:

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_  
MM YY

Name on Credit Card: \_\_\_\_\_

Amount: \$\_\_\_\_\_

Policy #: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\* Please check this box if you would like a credit card receipt mailed to you.