



Insurance & Financial Services Inc.

People you trust ~ Insurance that works!

CREDIT CARD AUTHORIZATION FORM

Please print or type information

YOUR INSURANCE COMPANY:	
INSURED'S NAME AND ADDRESS:	
CREDIT CARD DETAILS:	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD EXPIRY DATE: <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ACCOUNT NUMBER	
POLICY NUMBER:	<hr/> <p style="text-align: center;"><i>Cardholder's Signature</i></p>
DATE DUE:	
AMOUNT PAID:	