



Colina Insurance Limited
P.O. Box N4728
Nassau, Bahamas

CREDIT CARD AUTHORIZATION FORM

SECTION 1 - Credit Card Holder Information

Colina Insurance Limited is requested and authorized to charge the stated credit card each month in its own favour. This authorization will terminate when 10 days written notice is given by either party to the other.

Colina Insurance Limited may authorize another person to perform any act which it is authorized to do.

Credit Card Number

Credit Card Type

Visa Mastercard Sun Card Amex

Expiry Date

Day	Month	Year

Name of Credit Card Holder (please print as it appears on credit card)

First Name	Middle Name	Last Name	Maiden Name

Credit Card Holder's Address

No. and Street	City	State/Province/Island/Country	P.O. Box

Telephone Numbers

Residence	Business	Cell	Fax

Signature of Credit Card Holder

Date of Authorization

Day	Month	Year

One-time Payment

Yes No

SECTION 2 - Creditor Information

Name of Salesperson /CSR

Signature of Salesperson /CSR

Date of 1st Charge

Day	Month	Year

Charge will be made on the same day, monthly thereafter

Policy Number	Policyowner Name	Premium*	Loan/APL	APIP/PDA	Other	Total Monthly Payment

SECTION 3 - Disclaimer

In the event of a change in required payments, it is the policyowner's responsibility to ensure that a new form is completed by the cardholder with the correct amounts. Note that the monthly payments will be made on the card above until the card expiry date. It is the policyowner's responsibility to ensure that a new form is completed in advance of the card expiry date to ensure continued coverage. If a card is declined the Policyowner will be contacted and invited to make alternate arrangements for payment.

*VAT inclusive if applicable