



**INSURANCE MANAGEMENT (BAHAMAS) LIMITED**

INSURANCE BROKERS AND AGENTS

P.O. BOX SS-6283

PHONE: (242) 394-5555 FAX: (242) 323-6520

E-Mail: [info.nassau@imbbah.com](mailto:info.nassau@imbbah.com)

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## **AUTHORIZATION FOR CREDIT CARD PAYMENT**

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I, \_\_\_\_\_, authorize Insurance Management (Bahamas) Limited

to deduct \$\_\_\_\_\_ from my  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_ with expiry date \_\_\_\_\_,

as of \_\_\_\_\_ (today's date).

\_\_\_\_\_  
**Policy #**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Signature on Card**

*Copy of Your Credit Card Here*

THANK YOU FOR YOUR COOPERATION  
INSURANCE MANAGEMENT (BAHAMAS) LIMITED