



## INSURANCE MANAGEMENT (BAHAMAS) LIMITED

INSURANCE BROKERS AND AGENTS  
P.O. BOX SS 6283, NASSAU, BAHAMAS  
TELEPHONE: (242) 394-5555  
TELEFAX: (242) 323-6520

### **AUTHORIZATION FOR CREDIT CARD PAYMENT**

I, \_\_\_\_\_, authorize Insurance Management (Bahamas) Limited to deduct from my (specify bank) \_\_\_\_\_ **BSD | USD; debit | credit** card \$\_\_\_\_\_ via **VISA | MasterCard | American Express**.

Card number #:- \_\_\_\_\_, with expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_  
as of \_\_\_\_\_ (today's date).

\_\_\_\_\_  
**Policy Number**

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

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

*Copy of Credit Card Face Here*

THANK YOU FOR YOUR COOPERATION  
INSURANCE MANAGEMENT (BAHAMAS) LIMITED