



INSURANCE MANAGEMENT (BAHAMAS) LIMITED

INSURANCE BROKERS AND AGENTS
P.O. BOX SS-6283, NASSAU, BAHAMAS
ROSETTA STREET EAST
TEL: (242) 394-5555
FAX: (242) 323-6520
EMAIL: info.nassau@imbbah.com

AUTHORIZATION FOR CREDIT CARD PAYMENT

I, _____, authorize Insurance Management (Bahamas) Limited to deduct from my (specify bank) _____ card \$ _____ via **VISA | MasterCard | American Express.**

Card number #- _____, with expiry date ____/____/____
as of _____ (today's date).
dd mm yyyy

Policy Number

Signature of Client

Signature on Card

Copy of Credit Card Face Here:

THANK YOU FOR YOUR BUSINESS
INSURANCE MANAGEMENT (BAHAMAS) LIMITED