

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Amex

Credit Card Number: _____

Expiration Date:

Card Identification Number: (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (full premium)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay the premium in full to Pacific Marine Underwriting Managers Ltd.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____