

J. S. Johnson & Co. Ltd
#34 Collins Avenue
P.O. Box N 8337
Nassau, Bahamas

Dear Sirs,

Please accept this letter as authorization to use my credit card (details below)

CARD TYPE: _____

CARDHOLDER: _____

CARD NUMBER: _____

EXPIRY DATE: _____

for the payment of my insurance policy premium in the amount of :

\$ _____

Yours sincerely,

Signature of Cardholder

Date: _____

Cardholder's Postal Address: _____

Telephone numbers: _____

Email address: _____

Note: Please forward original document to the address given above.