



P.O. BOX 80, PROVIDENCIALES, TURKS & CAICOS ISLANDS
TEL: (649) 946-4431 • FAX (649) 946-4118 EMAIL: info@tcifirst.com

CREDIT CARD AUTHORIZATION VIA FAX / EMAIL

I, (Print Name)

Hereby authorize TURKS & CAICOS FIRST INSURANCE to charge my credit card in the amount of US\$..... Credit Card Type & No.:

Expiry Date: CVC No.: (*Send by email*)... for Policy No:

Insurance Period: Annual Premium: \$.....

***** We are unable to accept American Express Card *****

Card Holder Information

Name (PRINT):

Street Address:

City: State: Zip Code:

Country: Telephone No: (.....).....

Card Holder's Signature:

Please provide a copy of a Government issued photo ID along with this form

I/We agree that the insurance policy will be automatically cancelled without further notice if the agreed premium is not paid on the date specified.

Signature(s):

Date:

Office Use Only

Approval

Signature: Date:

Tameka Thompson, Manager, Turks & Caicos First Insurance Company Ltd.