

CREDIT CARD AUTHORIZATION

| CREDIT CARDHOLDER INFORMATION | | | |
|-------------------------------|-----------------|--|-----------------|
| NAME ON CREDIT CARD | | | |
| TYPE OF CREDIT CARD | | | |
| TYPE OF ACCOUNT | PERSONAL | | BUSINESS |
| COMPANY NAME | | | |

| | |
|------------------------|--|
| CARD NUMBER | |
| EXPIRATION DATE | |
| BILLING ADDRESS | |

| AUTHORIZATION OF CARD USE | |
|---------------------------|--|
| POLICY NUMBER | |
| AUTHORIZED AMOUNT | |
| DATES OF CHARGES | |
| | |

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize Guardian General Insurance Limited to process payment for all charges as indicated above.

If additional charges are going to be authorized a new form will have to be completed.

| | | | |
|------------------|--|-------------|--|
| SIGNATURE | | DATE | |
|------------------|--|-------------|--|