



Branch Office: "Enfield House", Upper Collymore Rock, St. Michael, Barbados, W.I
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Website: www.myguardiangroup.com
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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	
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