CREDIT CARD AUTHORIZATION FORM

(Please Attach Photo Copy of Credit Card)

Policy / Proposal No. :	
Name of Policy Holder :	
Mobile No.:	E-mail:
Credit Card Charge Autho	required boxes: Regular as per mode of the policy/Standing Instruction ority to Alliance Insurance (PSC) ecified regular contributions by visa card or master card.
I hereby authorize you, until furth	ner notice in writing, to charge my
Standard card Co.	mmercial/Premium card for the sum of
USD	AED
On or immediate after the	day of and
Monthly Quar	terly Half Yearly Yearly thereafter.
Credit Card Account Number	
* In one of Communicat/Provisi	m Card additional of 0.60% will be charged.
Name as on Credit Card	Credit Card Expiry Date
Full Billing Address of Credit Ca	rd
Date	Signature of Card Holder