

Coachman Insurance Company
Credit Card Authorization Form



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|---|--|
| Policyholder's Name _____ Policy # _____ or Upload Confirmation # _____ Product _____ Effective Date DD-MM-YYYY _____ | Broker Name _____ Broker # - Producer Name _____ Producer phone # _____ City/Town _____ Prov _____ Postal Code _____ |
|---|--|

Credit Card Information

Cardholder's Name _____ (Exactly as shown on card) Please print clearly

Visa
 MasterCard
 American Express

Credit Card Number

MM
 YY

Expiry Date

\$ _____
 Signature of Cardholder _____
 Date _____

By providing this signed authorization form, you authorize Coachman Insurance Company to apply the amount shown to the chosen credit card. ***This does not authorize future payments to be applied to your credit card. Any future renewals or revisions will require a new authorization.*** Payment of your insurance premium is subject to credit approval and authorization by the credit card company.

Send to Coachman: Toll Free Fax: **1-866-888-5488**, or
 Courier/Canada Post in Company Bill envelope