

To: Atlas Insurances Ltd.

Fax: 972-3-6393544 / 1-646-607-8792

Sirs:

**Re: Credit Card Payments**

I/We hereby authorize Atlas Insurances Ltd. to charge the monthly premium in US Dollars (based on the bordereaux reports) each and every month to our credit card as per details below.

Credit card payments will incur the following surcharge on the amount of the transaction:  
Visa Cards: 1.5%, American Express: 3.5%, Diners Club: 2%, Master Card: 2%.

**Credit Card Information**

Card type: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Holder (full name): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Card Holder

\_\_\_\_\_  
Date