

To: BH Insurance (M) Bhd

Date : _____

BHI Agency Name/No.: CHRISA COMPANY (10A065M)

CREDIT CARD AUTHORISATION FORM

I, _____ hereby authorize you to charge a sum of RM _____ to my credit card being payment for the following policy/policies:

Policy No.	Amount (RM)
1. _____	_____
2. _____	_____
3. _____	_____

Total =====

Detail of my MasterCard/Visa/JCB Card:-

Credit Card No :

Card Expiry Date : MTH YEAR

Embossed name on card : _____

Contact No (s) : _____

Cardmember's Signature : _____

(Signature as per Card Account)

FAX TO: CHRISA COMPANY

TEL: 7885 0505

FAX: 7885 0303

EMAIL: info@chrisa.com.my