



Credit Card Authorization Form

Please complete all fields.

Credit Card Information		
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Cardholder Name (as shown on card):		
Card Number:		
Expiration Date (mm/yy):		
Cardholder Postal Code (from credit card billing address): _____		

I, _____, authorize Sterling Insurance Brokers Ltd. to charge my credit card above for agreed upon purchases. I understand that a 2.5% processing fee plus 8% tax will be applied.

Customer Signature

Date