

I hereby authorize TG International Insurance Brokerage, Inc. to initiate charges to my credit card.

(Select and enter your credit card information below. Please print clearly, and be sure to sign and date this form.)

___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

Name of Cardholder: _____

Telephone: _____

Credit Card Billing Address: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____