CHIEFTAIN
INSURANCE

Credit Card Authorization:

RETURN THIS PORTION WITH YOUR PAYMENT
A return envelope is enclosed for your convenience.

Telephone and internet banking
(Payments may be made through most financial institutions)

POLICY NUMBER
DATE DUE
AMOUNT PAID

_____
Cardholder's Signature

INSURED'S NAME AND ADDRESS

_____

_____

_____

_____

Expiry Date

☐ VISA ☐☐☐☐
mm yy

☐ MASTERCARD

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Account Number

8007 (03/2002)