



5310 EXPLORER DRIVE, SUITE 201, MISSISSAUGA, ONTARIO L4W 5H9 • TELEPHONE (905) 629-8444 • FAX (905) 629-2690

INSURED'S FULL NAME AND POSTAL ADDRESS		BROKER'S FULL NAME AND POSTAL ADDRESS	
York Fire Policy Number		Phone	Email
CREDIT CARD INFORMATION			
Payment Details			
** Visa ** Mastercard Expiry month: _____ Expiry year: _____			
Credit card number: _____		Amount \$ _____	
Cardholder will pay the issuer the above amount pursuant to the cardholder agreement.			
Cardholder name	Authorized Signature	Broker Signature	

NOTE: THIS FORM AUTHORIZES A SINGLE PAYMENT ONLY



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