

**John Ross Insurance Services Ltd.**  
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**2011 QATCMA Insurance Program  
Credit Card Authorization Form**

Today's Date: \_\_\_\_\_

Type of Card:  Visa  
 Master Card

Your Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVC Number: \_\_\_\_\_ (the three digit number on the back of your card)

Expiry Month: \_\_\_\_\_ Expiry Year: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Signature: \_\_\_\_\_