



McCaslin Horne
Insurance Brokers

OCP # _____
POLICY # _____

CREDIT CARD APPLICATION

Date: _____

INSURED'S FULL NAME AND ADDRESS <i>(Please Print)</i>			
Last Name			
First Name			
Street Address			
City	Province/State	Postal Code	Zip Code
Home Phone	E-Mail Address		
Employer's Name/Address <i>(Please Print)</i>			
Business Phone	Business E-Mail Address		
CREDIT CARD INFORMATION			
Method of Payment			
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Credit Card Number: _____			
Expiry Month: _____ Expiry Year: _____			
Cardholder Name exactly as it appears on card <i>(Please Print)</i>			
Authorized Signature			

McCaslin Horne Insurance Brokers Inc.,

348 Guelph Street
Unit #3A

Georgetown, ON L7G 4B5

Phone: 905-877-8738 / Toll Free: 1-800-668-4830 / Fax: 905-702-1892 /E-Mail: info@mccaslinhorne.com

AUTHORIZATION FOR CREDIT CARD

I/We authorize Grain Insurance and Guarantee Company to debit my/our account in payment of my/our insurance premium. I/We understand that the premium may change in order to keep my/our insurance up to date and that Grain Insurance and Guarantee Company reserves the right to adjust the payment to reflect any change. I/We understand that Grain Insurance and Guarantee Company is not liable for any service charges levied by my/our financial institution. This authorization is to remain in effect until cancelled in writing by me/us. Grain Insurance and Guarantee Company will make every effort to inform me/us in advance of any change.