

Professional Indemnity Insurance Credit Card Authority

Insured:

Policy Number:

Note: Policy documents will not be processed until we receive the completed Credit Card Authority below.

Please Note: Extra Charges will apply:

**\$0 - \$1,000 = \$11.00 \$1,001 - \$2,000 = \$22.00 \$2,001 - \$3,000 = \$33.00
(please enquire for amounts over \$2,800). Total payment to be adjusted
(inclusive of GST)**

I/We Authorise Building Industry Solutions to debit my Credit Card for the amount of \$..... + \$..... (fee) = \$..... (total) being the premium for this Insurance. I/We fully indemnify Building Industry Solutions for any problems with this transaction howsoever arising.

Date:..... Signature:.....

Contact Number:.....

Please ensure you post us the original copy of this Credit Card Authority as documentation will not be issued until this has been received.

Credit Card No: _____

Expiry Date: _____

Cardholder Name: _____

Type of card: **M/card or Visa (please circle)**

Billing Address (not P.O. Box): _____



**BUILDING
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&
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8 COMMERCIAL DRIVE,
DANDENONG SOUTH
VICTORIA 3164

P.O. BOX 4332
DANDENONG SOUTH
VICTORIA 3164

TEL: (03) 8791 7691
FAX: (03) 9706 5939
Email: bis@satlink.com.au