



WEHBE INSURANCE SERVICES LLC

Ministry of Economy – Registration No 106 of Year 1997

MediCare Credit Card Payment Form

E&OE

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CREDIT CARD PAYMENT FORM

Please debit my credit card for the above amount using the card details as follows:-

Authorised signature:

Policy Holder Name:

Policy Number:

Renewal Date:

Premium Amount:

Card Type:

Visa

Mastercard

Amex

Credit card number:

Card expiry date:

Name of cardholder:

Card billing address:

Please fax this to Medicare International on +44 (0)207816 2188

or post to:-

Medicare International, 6th Floor, Matrix House, 9 Aldgate High Street, London EC3N 1NH