

CREDIT CARD AUTHORIZATION

TODAY'S DATE: _____

INSURED'S NAME: _____

CREDIT CARD HOLDER'S NAME: _____

CREDIT CARD HOLDER'S ADDRESS: _____

HOME PHONE #: _____ WORK PHONE# _____

CELL PHONE #: _____ FAX # _____

PLEASE CHARGE TO MY: (CHECK ONE)

VISA _____

MASTERCARD _____

DISCOVER _____

CREDIT CARD NUMBER: _ _ _ _ _

V CODE (LAST 3 DIGITS ON BACK OF CARD FROM SIGNATURE LINE) _ _ _

EXPIRATION DATE: MONTH _____ YEAR _____

FOR THE AMOUNT OF: \$ _____

AUTHORIZED FOR THE PURCHASE OF: _____

SIGNATURE AS SHOWN ON CREDIT CARD: _____