



## CREDIT CARD PAYMENT OPTION

1. Pay in full with:

Approval Code:

Check     MasterCard     Visa     Discover     Amex

Amount \$ \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Security Code # \_\_\_\_\_

Signature Of Cardholder: \_\_\_\_\_

- **When authorized, CLIENT authorizes BROKER to charge CLIENT'S credit card for premiums or broker fees paid for policies. In the event of termination of any policy where premiums are paid by credit card, CLIENT agrees to seek a premium refund directly from the insurance company and not seek any refund from the credit card company.**

Insured name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Policy: \_\_\_\_\_