

AUTHORIZATION FOR CREDIT CARD PREMIUM COLLECTION

Date:	
Name of Insured:	
Insured No.:	
Invoice No:	
Amount:	

PAYMENT METHOD:

VISA
 MASTERCARD

Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiration Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Billing Zip Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Billing Address	<input type="text"/>
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City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Holder's Name	<input type="text"/>
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Authorized Signature	<input type="text"/>
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