



## Credit Card Authorization Form



### Credit Card Information:

Company Name:

Credit Card Holder:

Billing Street Address:

City:

State:

Zip Code:

Phone Number:

Card Type:  MasterCard  Visa  American Express  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Number: \_\_\_\_\_

Please charge my credit card in the amount of: \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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### Credit Card Refund Disclosure:

I understand that I presently have these funds available in my account to process this transaction. This is to be done on a one-time only basis. This transaction is for the payment type only. All future installment premiums will be directly billed by mail to the insured each month by the carrier or premium finance company.

I understand that there is a convenience fee for credit card payments. The convenience fee for credit card payments is \$4.95 or 4% of the amount charged, whichever is greater.

I, \_\_\_\_\_ (*please print name*) authorize Excelsure Insurance Services to charge my insurance premium/taxes/fees to my American Express, Visa, MasterCard, or Discover Credit Card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_