



CREDIT CARD AUTHORIZATION

Date: _____

I, _____ (please print name) authorize Gaslamp Insurance Services to charge my insurance premium/taxes/fees to my American Express, Visa, Mastercard, or Discover Credit Card listed below:

POLICYHOLDER INFORMATION

| | |
|---------------------|---------------------|
| INSURED NAME: _____ | DBA: _____ |
| ACCOUNT TYPE: _____ | PAYMENT TYPE: _____ |

CREDIT CARD INFORMATION

| | | | |
|---|-------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Discover |
| CREDIT CARD NUMBER: _____ | | | |
| EXPIRATION DATE: _____ | | SECURITY NUMBER: _____ | |
| ACCOUNT NAME: _____ | | | |
| BILLING ADDRESS _____ | | | |
| BILLING CITY: _____ | | STATE: _____ | ZIP: _____ |
| AMOUNT AUTHORIZED: _____ | | | |
| _____ Signature | | | |

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.**

PLEASE FAX THIS FORM TO (800) 920-4107

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.