

AGENT PREMIUM FINANCE, INC.

P.O. BOX 2687

MANDEVILLE, LA 70470

800-234-6634

FAX 985-612-1103

CREDIT CARD PAYMENT AUTHORIZATION

I understand that the amount shown is being charged to my card. I also understand that future payments will not be automatically charged and that if I wish to make future payments on my credit card, I must notify Agents each time a payment is due that I want charged to my credit card. I agree that when I authorize a credit transaction, this policy will be subject to cancellation for non-payment of premium if Agents is unable to collect premium payment from the card issuer. The Company is deemed “unable to collect premium” in the following instances: When I reach my credit limit on my bank card; when the bank cancels or revokes my bank card; or when the bank does not pay, for whatever the reason the payment upon Company’s request.

NAME: _____ **AGT ACCT #** _____

VISA _____ **MASTERCARD** _____

AMOUNT: _____

CREDIT CARD NUMBER _____

EXP. DATE: _____ **CVC#** _____

CARDHOLDER SIGNATURE: _____

BILLING ADDRESS: _____

ZIP CODE: _____

CREDIT CARD AUTHORIZATION NUMBER: _____