



AMERICAN INSURANCE BROKERS, INC

P.O. BOX 1255

MANDEVILLE, LA 70470

800-234-6634 FAX 985-871-1779

[www.americantruckinsurance.com](http://www.americantruckinsurance.com)

CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_, do hereby authorize, American Insurance Brokers, Inc; MID#534914260300926, to charge the below listed credit card in the total amount of \$ \_\_\_\_\_. I understand that a 3.25% fee will be applied to all credit card transactions.

Name of Insured \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Exp Date \_\_\_\_\_

Billing Address of Credit Card \_\_\_\_\_

Contact Number \_\_\_\_\_

Total Amount Authorized \$ \_\_\_\_\_

CVV2 Code (3 digit code on back of cc) \_\_\_\_\_

Date of Authorization \_\_\_\_\_

I \_\_\_\_\_, certify that all goods and services associated with this charge have been received and are to my satisfaction.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date