



Lic # 0L01154

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential.

Name on Card
Billing Address
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Credit Card Number
Expiration Date
Card Identification Number
Amount to Charge \$ (USD)

I authorize Pacific Surety Insurance Agency, Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder — Please Sign and Date

Signature
Date
Print Name
Business Name

Return the completed and signed form to the following:

Pacific Surety Insurance Agency, Inc. 7702
East Doubletree Ranch Road, Suite 300
Scottsdale, CA 85258
Email: contactus@pacificsurety.com Fax:
925-932-6031