



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.  
8777 N. Gainey Center Drive, Suite 240  
Scottsdale, AZ 85258  
Email: [contactus@pacificsurety.com](mailto:contactus@pacificsurety.com) Fax:  
925-932-6031