



AMERICAN INSURANCE BROKERS INC.

P. O. BOX 1255
MANDEVILLE, LA 70470
800-234-6634 FAX 985-871-1779
www.americantruckinsurance.com

CREDIT CARD AUTHORIZATION FORM

I _____, do hereby authorize, American Insurance Brokers Inc: MID#4616771000460335, to charge the below listed credit card in the total amount of: \$ _____.

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) _____

Signature of Cardholder _____

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