

# AGENT PREMIUM FINANCE, INC.

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

## CREDIT CARD PAYMENT AUTHORIZATION

Credit Card Authorization #: \_\_\_\_\_

I understand that the amount shown is being charged to my credit card as a down payment for an insurance policy. 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 the Company 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 the Company 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, premium upon Company's settlement requested.

Amount \$ \_\_\_\_\_

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CVC# \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_