



# 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#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.

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Cardholder Signature

Date