

## Credit Card Billing Authorization Form

<b>Credit Card Billing Information:</b>	
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Name of Insured:	
Name as it appears on Card:	
Name of person Authorizing:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Other, please specify:
Credit Card Number	
Enter CVC number:	Last 3 digits from the back of card or 4 digits from front of Amex card
Expiration Date:	
Billing Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Fax Number:	
Email (For Receipt):	

<b>Please Select one of the Following Payment Options:</b>	
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<b>One Time Charge</b>	Charge the credit card listed above once for the following dollar amount: _____
<input type="checkbox"/> (check if applicable)	Charge the credit card listed above once to pay for the following invoice # (s) _____
<b>On Going Charges</b>	Charge the credit card listed above as invoices become due for services provided each pay cycle for
<input type="checkbox"/> (check if applicable)	all contracts between American Liberty Insurance, Inc. and:

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that if the on-going authorization is selected, they may discontinue payment by credit card at any time by provided written notice to American Liberty Insurance, Inc.. Applicant also agrees to provide notice to American Liberty Insurance, Inc. should they wish to terminate any ongoing agreement to pay for services via credit card. Applicant acknowledges that invoices may cover late fees, cancellation fees, reinstatement fees, audit balances, etc. and that a transaction fee of 3% will be applied to each transaction. Applicant acknowledges that a \$25 fee will be assessed for insufficient funds, inaccuracy of provided payment information resulting in a failed payment transaction or failure to provided updated information for an expired or cancelled card.

**I, the undersigned, represent that I am duly authorized to represent the company listed above and that I agree to the terms and conditions listed.**

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ALIC OFFICE USE ONLY:

AUTHORIZATION #: \_\_\_\_\_ DATE: \_\_\_\_\_