

CREDIT CARD AUTHORIZATION

Client #: _____

Today's Date: ____/____/____

INSTRUCTIONS: Please complete form, sign where indicated and fax to our office so we may charge your card for the indicated amount. **The signature must belong to the owner of the card.**

I authorize M&G Insurance Services, Inc. to charge _____ to my credit card

for _____
(Name of policyholder & DBA)

Type of Acceptable Credit Card:

Mastercard Visa Discover American Express

Account Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Name as it appears on card:

Complete Billing Address:

SIGNATURE OF CARDHOLDER

PRINT NAME

Payment is for:

- New Business Renewal
 Rewrite Invoice/Endorsement
 Other _____