

CREDIT CARD AUTHORIZATION FORM

PATRIOT INSURANCE AGENCY, INC.

DBA: Arizona Patriot Insurance Agency,
Inc. in CA, NC, ND and NY
P.O. Box 1298
Sonoita, AZ 85637-1298
Phone: 520 455-9252
Fax: 520 455-9358
Toll Free Number: 800 859-2724
Email: info@patriot-insurance.com

We request that all customers, who wish to purchase and/or pay invoices by credit card, please fill out the form below. Your co-operation will be greatly appreciated. Unfortunately, we will be unable to process any credit card payment until this form is filled out and returned to Patriot Insurance. You may return this form by Fax to 520-455-9358 or by email to info@patriot-insurance.com. If you have any questions, please call us. Thank you.

ORGANIZATION NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

CUSTOMER/ACCOUNT# _____ INVOICE# _____

CARD NUMBER: _____ EXP. DATE: _____

3 DIGIT SECURITY CODE: _____ BILLING ZIP FOR CARD: _____
(Usually found on the back of the Card) (If different from Zip listed above)

CARD TYPE: VISA or MASTERCARD (Circle one)

TYPE OF CARD: PERSONAL or CORPORATE (Circle one)

PRINT NAME ON CARD:

SIGNATURE: _____ TITLE: _____

I hereby authorize Patriot Insurance Agency, Inc. to charge my credit card for the amount of \$ _____ as payment for the organization that is indicated above. I also understand that by paying for an insurance premium with a credit card that there will be additional charges to include a \$.40 Per Item Transaction Fee as well as percentage incurred of up to 3.54% for this convenience.

WE APPRECIATE YOUR BUSINESS AND COOPERATION.