

**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 \_\_\_\_\_  
\_\_\_\_\_