



Contractor Solutions
Insurance Agency, Inc.

Client Number: _____

For CSIA Use Only

Credit Card Authorization Form

I authorize Contractor Solutions Insurance Agency, Inc. to charge my insurance premium, taxes and fees to my credit card account as shown below. I understand that I presently have these funds available in my account to process this charge on a one-time basis only.

Policyholder Information

First/Last Name of Insured:	
Company/Business Name:	

Payment Information

Visa MasterCard Amex Discover

Credit Card Number:	
Exact Name on Card:	
Card Expiration Date:	
3 Digit Code on Reverse of Card:	
Authorized Amount:	
Billing Street Address for Card:	
IF FINANCING: Provide FEIN or S.S.#	
Date:	
Signature:	

I understand that there is a processing fee for credit card payments of **3.5%** of the amount charged in addition to the 'authorized amount' above. I understand that this charge is to be completed on a one-time basis only and is for the payment type selected. All future installment premiums will be directly billed by mail to the insured each month by the carrier or premium finance company.

Please fax this with any other required forms to
619-741-4971

Thank You...We Appreciate Your Business!

CSIA, INC. P.O. Box 3047 La Mesa, CA 91944 Phone: 619-741-5118 Fax: 619-741-4971

License #: AZ. 920646, CA. 0F50099, CO. 357018, NV. 604488, OR. 821352, WA. 765083