

Credit Card Authorization Form

We accept the following credit cards only: Visa, MasterCard

Name (as it appears on the card):	
Billing Address:	
Billing City, State and Zip Code:	
Credit Card Number:	
Expiration Date:	
V Code: 3 Digit code on back of the credit card	
Amount to Be Billed: <small>If needed within 72 hours, expedite fee is \$50; if needed within 24 hours, expedite fee is \$100</small>	\$
Billing Date:	02/ /2009
Additional Comments: (Name of Insured and/or Policy Number(s)) (Please put your organizations name here)	

I, _____, authorize the use of my credit card described above for charges related to the services and products provided by Gagliardi Insurance Services, Inc.

 Cardholder's Signature

 Date