



Credit Card Authorization

Name on Card: _____

Mailing Address for Card: _____

Premium Amount: _____ \$ _____

Authorization Charge: _____ \$ _____

(There is a 3% charge to use a credit card.)

Total Charge: _____ \$ _____

Circle One: MC VISA AMEX

Account Number: _____

Expiration Date: _____

By signing below I authorize SC Holdings, LLC dba CSI to charge my credit card the above amount. I understand that this amount is 100% earned and is non-refundable.

Sign

Date

Print Name

*****Once Completed please fax to 800 590 3211 *****

CSI USE ONLY

Authorization Number: _____