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CA License 0517777

Credit Card Authorization

Date:

Client or Policyholder Name	
Phone	
Email	
Policy or Quote Number	
Card Holder Name	
Type (Visa/Mastercard/Amex/Discover)	
Card Number	
Security Code	
Expiration Date	
Billing Zip Code	
Billing Address	
Total Charge	
	Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.
Signature	
Date	
	By signing this form I understand and agree that coverage cannot be cancelled nor changed once my credit card has been charged. In addition, I agree that there are neither refunds nor charge-backs allowed after my credit card has been charged. All credit card charges are processed through the insurance provider with whom you have accepted terms and coverage. Accordingly, I understand my credit statement will show the name of the insurance provider, or some variant thereof , as the vendor.