



Old Harbor

INSURANCE SERVICES

Credit Card Authorization Form

We process credit card payments upon receipt.

Please PRINT CLEARLY in blue or black ink.

APPLICANT'S INFORMATION

Please enter the name of the person or company this payment is being made for.

Last Name

First Name

Company Name

Policy Number(s)

CREDIT CARD INFORMATION

Name as it appears on Card

Street Address

City, State & Zip

Total Amount Due: \$ _____

Please charge to the following credit card:

MC Visa Amex Expiration Date: (month)____ (year)____ Security Code _____

Credit Card Number: _____

In case of any issues processing this payment, please provide the best contact number for you:

(____) _____ - _____

Cardholder's Signature: _____

Date: _____

Please print, sign, and send copy to the following:

Fax to: (951) 297-9739

E-mail to: info@oldharborins.com