

CREDIT CARD AUTHORIZATION

VISA\_\_\_\_\_ / MASTERCARD\_\_\_\_\_

AMOUNT CHARGED TO THE CREDIT CARD \$\_\_\_\_\_

PRINT NAME AS IT APPEARS ON THE CREDIT CARD \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE OF CREDIT CARD \_\_\_\_\_

CARD ID (CVV) # \_\_\_\_\_

I authorize Aegis Security Insurance Company to automatically bill the credit card listed above. By my signature I hereby agree that any credit card transaction that is denied for any reason is not considered payment of premium and coverage will not be provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date