

**E.J. SMITH INSURANCE AGENCY
CREDIT CARD AUTHORIZATION FORM**

Student's Name: _____

Name of College or University: _____

City: _____ State: _____

Coverage Start Date (Month/Year): ____ / ____ Number of Months Being Paid For: _____

Monthly Rate: \$ _____ x Months _____ = Premium Due: \$ _____
(4 month minimum)

Add \$5.00 Credit Card Collection Fee per transaction: + \$ 5.00

Today's Date: _____ Amount to be charged: \$ _____

Name on Credit Card: _____

Credit Card Billing Address: _____

City / State / Zip: _____

Phone Number: _____

Credit Card #: -- -- --

Expiration Date: / CCV/Security Code (on back of card):

Card Type (circle one) **Visa** or **Master Card** or **Discover**

No premium refunds are payable except when an Insured enters the Armed Forces.

I hereby authorize E.J. Smith & Associates, Inc. to charge the above credit card and apply said charges toward the payment of my insurance.

Signature of Card Holder: _____

Please mail or email this completed form & Enrollment Form to the address below:

sales@ejsmith.com



E.J. SMITH & Associates, Inc.
899 Skokie Boulevard
Northbrook, IL 60062
847-564-3660 Fax: 847-564-3069
www.ejsmith.com

If you would like Proof of Insurance faxed to your school, complete below:

Fax #: _____ - _____ - _____ Attn: _____