



CREDIT CARD AUTHORIZATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

There is an additional processing fee of 4% that I am obliged to pay for the ability to use a credit card to pay for my insurance premium, in part or in full. This is an optional charge that I can avoid paying by using a check or wire fund transfer to pay any amounts associated with the cost of my insurance premium. Example: If my insurance premium that I want to use my credit card to pay is \$1000, the amount to be charged to the credit card including the above fee will be \$1040.

Customer ID Number:

BILLING INFORMATION

Check one: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Authorized Dollar Amount to be charged: \$

☐ DEBIT ☐ CREDIT If debit please contact your bank to increase you limit if premium is over \$1,000.

Credit card Number:

Expiration Date:

Name on Card:

Company Name :

Billing Address Shown on Credit Card Bill

Address:

City:

State:

*Zip:

Phone Number:

SIGNATURE

By the signing of this form, I agree that faxed signatures are acceptable to charge my credit card and authorize the above company to charge the dollar amount indicated above onto the Credit Card.

Signature:

Date:

Payment: \$

Credit Card Fee: \$

Total: \$