SENIOR LIFE INSURANCE COMPANY CREDIT CARD AUTHORIZATION

Agent Name:				
Phone Number:		Fax Number: _		
Email Address:			Date:	
			PRICE	TOTAL
Background Check			\$3X	\$×
State Appointment Fees (a AK (no fee) AL (\$42.25) AR (no fee) AZ (no fee) CA (\$34.25) CO (no fee) DE (\$52.25) DC (\$27.25) FL (\$61.98) \$6.20 per county non-resident field apps GA (\$17.09) HI (no fee) ID (no fee) ID (no fee) ID (no fee) IN (no fee)	check each state in which KS (\$7.25) KY (\$42.25) Residents KY (\$52.25) Non-Residents LA (\$32.25) MA (\$75.00) MD (no fee) MI (\$7.25) MO (no fee) MS (\$27.25) MT (no fee) NE (\$19.25) NV (\$17.25) NJ (\$27.25)	you request appoin NM (\$22. NC (\$12 ND (\$12 OH (\$17 OK (\$32 OK (\$32 OR (no fee PA (\$17.2 RI (no fee SC (no fee TN (\$17.2 UT (\$12.2 UT (no fee VA (\$12.2 WV (\$27.	25) 25) 25) 25) 25) 25) 25) 25) 25) 25)	\$
SUBTOTAL: 3.5% CONVENIENCE FEE: +				
CREDIT CARD TRANSACTIONS				

I,_______(cardholder only) hereby authorize Senior Life Insurance Company to charge my ___VISA __MC (choose one) as payment for the above fee(s), including the 3.5% convenience fee. Total Charge \$_____Credit Card Account #: _____Cardholder Name as it appears on Credit Card: ______Cardholder Name as it appears on Credit Card: ______Security Code: ______(three digits found on the back of your credit card) Exp. Date: ______Billing Address: ______Cardholder Signature: ______(To be signed by cardholder only)