

C & D INSURANCE & BONDS, INC.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting
C&D Insurance & Bonds, Inc.

Credit Card Information	
Card Type:	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other	
Card Holder Name (as shown on card):	
Card Number:	CVV Number:
Expiration Date (mm/yy):	
Cardholder ZIP Code (from credit card billing address)	
Authorized Amount: \$	
Description:	

I, _____, authorize _____ to charge my credit card above for agreed upon premium payment(s). I understand there is a 2.9% convenience fee applied to all transactions.

Customer Signature

Date