



JOSEPH KRAR & ASSOCIATES, INC.
Your Surplus Lines Wholesaler of Choice

CREDIT CARD PAYMENT AUTHORIZATION FORM

I, _____, hereby authorize the use of my _____
[Name on Credit Card] [Name of Bank]

Visa Mastercard American Express card ending in _____ to be charged
[Please Check One Card Type] [Last Four Digits on Card]

\$ _____, plus a 3.50% fee, to pay Joseph Krar & Associates, Inc. for my insurance premium.
[Total Amount of Charge]

Insured's Printed Name _____

Date _____

Insured's Signature _____

Date _____

Agent's Printed Name _____

Date _____

Agent's Signature _____

Date _____

*Please keep a copy of this signed form and a copy of the insured's driver's license
(or personal identification card, military ID, passport, etc) for your records.*