



CREDIT CARD PAYMENT FORM FOR



Instructions: Complete all information requested and return this form with your renewal application

CUSTOMER NAME: _____

TOTAL INSURANCE CHARGES: _____
(includes insurance premium, insurance fees and insurance taxes)

PROCESSING FEE: 5% of total insurance charges

TOTAL BEING CHARGED TO THE CARDHOLDER: Insurance charges + 5% processing fee

CARDHOLDER NAME (EXACTLY AS IT APPEARS ON CREDIT CARD):

CREDIT CARD BILLING ADDRESS INCLUDING BILLING ZIP CODE:

CREDIT CARD TYPE (CIRCLE ONE):

MASTERCARD

VISA

DISCOVER

AMERICAN EXPRESS

COMPLETE THIS SECTION ONLY IF THE PHYSICAL CARD IS NOT BEING PRESENTED/SWIPED:

CREDIT CARD NUMBER:

EXPIRATION DATE:

CVV CODE:

By completing and executing this form, the cardholder acknowledges and agrees that HUB International Mid-Atlantic Inc. is authorized as of the date set forth below to charge the credit card specified above for the "TOTAL BEING CHARGED TO THE CARDHOLDER" specified above for services rendered.

CARDHOLDER SIGNATURE

DATE