



DISCOUNT-AUTOCLUB . C O M

LOWPRICEINSURANCE INC DBA DISCOUNT AUTO CLUB

Multi Use Credit Card Payment Authorization Form

Sign and complete this form to authorize DIC to make debit to your credit card listed below. **FAX BACK 800-318-3854**

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for all transaction ordered from Lowpriceinsurance Inc DBA Insura Insurance agency.

Please complete the information below:

Business Name _____

I _____ authorize Insura Insurance Agency, to charge my credit card
(Authorized User)

account indicated below for. This payment is for orders placed on Insura Insurance Agency.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard American Express

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____



SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for multiple use transactions. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Questions Please Call 800-720-0313