



## Credit Card Authorization Form

### Authorization Agreement

I hereby authorize **Supportive Insurance Services, LLC** to charge my credit card account as outlined below.

Credit Card Type:     Visa     MasterCard     American Express

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount:\* \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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Signature - Title

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(Printed Name) \_\_\_\_\_ Company Name

\*Please note: An additional 2% processing fee is charged on State Fees only.

Email form to [ejlake@supportiveis.com](mailto:ejlake@supportiveis.com) or fax to 812-886-0197