



### Credit Card Authorization

Execution of this Authorization Form will allow bolt access to automatically transact payment for premium payments and other fees to the credit card provided. Please complete the information below and return it to us. By signing below, you authorize bolt access to initiate a transaction for the purpose of securing insurance coverage.

☐ VISA

☐ MASTERCARD

Total amount to charged \$ \_\_\_\_\_

Producer Name \_\_\_\_\_ Code \_\_\_\_\_

Insured Name \_\_\_\_\_

CARD NUMBER

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Security Code

\_\_\_\_\_

\_\_\_\_\_  
month year  
(exp. date)

\_\_\_\_\_  
Cardholder name (as it appears on the card)

\_\_\_\_\_  
Cardholder address (must be billing address)

\_\_\_\_\_  
City State Zip code

( ) \_\_\_\_\_

Cardholder daytime telephone number

\_\_\_\_\_  
Cardholder Signature (required)