



# Credit Card Authorization

**Please be sure to complete all necessary information! We cannot process your authorization form unless ALL information is included.**

I hereby authorize General Agent Insurance Network (GAIN) to charge the indicated credit card for the amount listed below. This payment is a one-time charge to my credit card, for which I give authorization.

I authorize General Agent Insurance Network (GAIN), or their agent, to run an address verification search. This verification process is a security measure to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, or I have the legal cardholder's permission to use this credit card, and that I am legally authorized to enter into this billing agreement with GAIN. I understand and agree that if my card is declined for any reason whatsoever, I will pay a decline fee of \$25.00, in addition to the charges that are due. **Please note: All charges will appear on statement from "General Agent Insurance Network"**

Agent Name \_\_\_\_\_ Charge Amount \$ \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type  VISA  Mastercard  American Express  Discover

Card Number  -  -  -

Billing Address \_\_\_\_\_

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

Cardholder's Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cardholder's E-mail Address \_\_\_\_\_

Charge Description \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_