

Supple-Merrill & Driscoll, Inc.
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Credit Card Authorization

Quote Number:

Quote Date:

Client Name

Quote Number

Card Holder Name

Type
(Visa/Mastercard/Amex/Discover)

Card Number

Expiration Date

Billing Zip Code

Billing Address

Premium

Transaction Fee

Broker Fee

Convenience Fee

Total Charge

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature

Date

By signing this form I understand and agree that coverage cannot be cancelled nor changed once my credit card has been charged. In addition, I agree that there are no refunds nor charge-backs allowed after my credit card has been charged. All credit card charges are processed through **Burbank Insurance Agency**. Accordingly, I understand my credit statement will show **Burbank Insurance Agency** as the vendor.

Approval Number
(For Internal Use Only)

All credit card charges are processed through **Burbank Insurance Agency**. Accordingly, I understand my credit statement will show **Burbank Insurance Agency** as the vendor.