



Credit Card Authorization Form

Per the specifications outlined below, I authorize Asset Equine Insurance Agency, Inc to charge my premium payment to my credit card.

Insured's Name: _____

Billing Account Number(s): _____

Type of Card: Discover MasterCard Visa American Express

Card Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _ -

Expiration Date: ____ / ____

Frequency: One-Time Payment **Amount Due:** \$ _____

Recurring Payments (Select one below)

Monthly (prior approval required) Quarterly Semi-Annual Annual

½ Down - ½ in 30 Days

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Note: Your enrollment will be effective when you receive written notification from Asset Equine Insurance Agency, Inc. Charges on your credit card statement will appear as "Asset Equine." This authority remains in effect until Asset Equine Insurance Agency, Inc has received written notification from you of its termination at least ten (10) business days before the next scheduled payment at the address provided below. Asset Equine Insurance Agency, Inc has the right to discontinue the recurring payment option for any reason. An Administration fee will apply.

Name: (Please Print) _____ **Daytime Phone:** _____

Signature: _____ **Date:** _____

Completed Forms may be returned to:

Asset Equine Insurance Agency, Inc.

PO Box 185

Pilot Point, Texas 76258

Fax: (940)686-0869 or E-mail to mail@asetequine.com