



## 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:** \_\_\_\_ / \_\_\_\_ **Security Code** \_\_\_\_\_

**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](mailto:mail@asetequine.com)