

# VENDORS/CONTRACTORS PROGRAM

## CREDIT CARD PAYMENT AUTHORIZATION

### Vendors / Contractors Information

Vendor Name:

Public Entity Name:

GL or PL Premium: \$  Premium must match Credit Card Total below  
Premium must include ALL taxes & fees

**A different authorization form MUST be completed for each type of coverage (GL and/or PL)**

### Payment Information

Type of Credit Card:  Master Card  Visa

Credit Card Number:

Expiration Date:  (MM/DD/YY)

Name on Credit Card: **Please print legibly**

Company Name:

Individual Name: Last:

First:

Billing Address:

City, State, Zip:

Credit Card Total: \$  Credit Card Total must match above Premium

Cardholder Signature:

Date:

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.

**Refund Policy:** All transactions in this program are subject to a minimum premium and flat cancellations are not allowed. Any premium refunds will be returned by an Alliant Insurance Services, Inc. check

**Fax completed information to: 619-699-0907 / email to [vcprogram@alliantinsurance.com](mailto:vcprogram@alliantinsurance.com)**

Alliant Use Only

Date Processed:  Premium Information Verified:

If Phone order - Need 3 Digit Credit Card Authorized Number

(This number is on the back of the card and must be blacked out or removed once the transaction is processed)