

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

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)