LPL GROUP
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CARD AUTHORIZATION

Please print clearly and leave no blanks. Illegible or missing information will cause *delays*.
If this transaction is 'DECLINED' another card or type of payment is required.

I. GENERAL INFORMATION

Insured's Name:	**Today's Date:**
Type of transaction:	

Important:

- Only able to accept a card from the insured or with the company owner's name.
- Third party cards are NOT accepted.
- Please include a copy of the front of the card with this authorization form.

II. CARD INFORMATION

CHOOSE ONE. This card is a Credit Card: ☐ Debit Card: ☐

☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Card Number:	**Expiration Date:**
Cardholder Name:	**Security Code:**
Billing Address:	**Amount to be charged:**

Print Name: _____

Cardholder's Signature: _____ **Date signed:** _____

Additional Notes:

I agree to pay the total amount shown above in compliance with the cardholder agreement.
CREDIT CARD FEE MAY BE INCLUDED. DOWN PAYMENTS AND EARNED PREMIUMS ARE NON REFUNDABLE
Thank you for your business. ☺

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