



JOSEPH KRAR & ASSOCIATES, INC.  
*Your Surplus Lines Wholesaler of Choice*

## CREDIT CARD PAYMENT AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize the use of my  
[Name on Credit Card]

Visa    Mastercard    American Express card to be charged \$ \_\_\_\_\_,  
[Total Amount of Charge]

to pay Joseph Krar & Associates, Inc. for my insurance premium.

Any applicable fees will be charged by the credit card company at the time the charge is placed.

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_