



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] [Name of Bank]

Visa     Mastercard     American Express card ending in \_\_\_\_\_ to be charged  
[Please Check One Card Type] [Last Four Digits on Card]

\$ \_\_\_\_\_, plus a 3.25% fee, to pay Joseph Krar & Associates, Inc. for my insurance premium.  
[Total Amount of Charge]

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

*Please keep a copy of this signed form and a copy of the insured's driver's license for your records.*