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Recurring Credit Card Authorization Form

Instructions

1. Complete the form by printing legibly with a dark pen.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax all this form, along with the photocopy of the signed credit card, back to us toll free to our fax machine at **1-800-209-0120**.

Quote/Account # _____ Agency _____

I, _____, hereby authorize LG Premium Finance

to charge my credit card account in the amount of \$ _____ + _____ = _____
3.89% CC Fee

Type of Card: VISA MASTERCARD

Credit Card # _____

Expiration Date ____/____/____ CVC Code _____ (last three digits on the number on the back of the card)

Credit Card Billing Address

Street: _____

City: _____, State: _____ Zip Code: _____

Telephone: _____

As the credit card holder, I hereby authorize the above charge(s) in order to pay my Insurance Premiums.

Cardholder's Signature _____ Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by LG Premium Finance.

Complete and fax all documents required to (800) 209-0120