

FINANCE AUTHORIZATION

**TO: PREMIUM FINANCING SPECIALISTS
PO BOX 260699
LAKEWOOD, CO 80226-0699**

I/We have reviewed and reviewed the terms of the premium finance agreement and

I/We _____
(Store Name)

(Store Owner's Name)

hereby authorize

Carol Christini
of
Insurance Management Services, Inc.

To sign on my/our behalf Premium Finance Agreements for the purpose of financing my/our insurance premiums for the year of 2009/2010

Insured's Signature, Title

Printed Name

Date / Time