



(970) 407-9800 • (800) 467-7282 • Fax (970) 472-0904

P.O. Box 455 Fort Collins, CO 80522

CREDIT CARD PAYMENT FORM

Insured Name: _____ Invoice #: _____ (if shown on invoice)

Address: _____

Day Phone: _____ Home Phone: _____

Policy: Professional General Liability Group Professional Property

Other (Please Describe) _____

Credit Card Information

Name of Card Holder: _____

Billing Address of Card Holder: _____

Credit Card #: _____ Expiration Date: _____ CCV: _____

Amount Authorized: \$ _____