

# CESAR S. GERARDO

## INSURANCE BROKERS, INC.

851 Burlway Road, Suite 625

Burlingame, CA 94010

DOI LIC. # 0D44055

Tel. (650) 342-4308 / Fax (650) 342-4271

www.gerardoinsurance.com

### Credit Card Authorization Form

*In order to process your credit card, the entire form must be completed, signed, then faxed to us at (650) 342-4271. Any incomplete forms WILL NOT be processed. PLEASE PRINT.*

Policy # : \_\_\_\_\_

Invoice # : \_\_\_\_\_

I hereby authorize Cesar S. Gerardo Insurance Brokers, Inc. to charge my credit card in the amount of \$ \_\_\_\_\_ \* ( \_\_\_\_\_ + \_\_\_\_\_ ) for payment of premium/fee.

**\* Please note that there is a 4 % convenience fee that is charged to your card.**

~ There are other methods of payment available that do not have fees - contact us ~

\_\_\_\_\_  
Card Holder's Name (as appears on the card)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Card Holder's Billing Address (Street, Apt. #)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date (mm/yyyy)

\_\_\_\_\_  
CVV Code (the 3 digit number  
located on the back of the card)

\_\_\_\_\_  
VISA or MASTERCARD

\_\_\_\_\_  
Please circle one

I warrant that I am a authorized cardholder for the credit card account indicated above, that funds are available, and that I will perform the obligations set forth in the cardholders agreement with the credit card issuer.

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Today's Date

**FOR COMPANY USE ONLY - DO NOT WRITE HERE**

Processor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization #: \_\_\_\_\_