

CREDIT CARD BILLING AUTHORIZATION FOR AEGIS SECURITY INSURANCE COMPANY

SELECT CREDIT CARD: VISA_____ / MASTERCARD_____

CREDIT CARD NUMBER_____ / EXPIRATION DATE_____

PAYMENT AMOUNT APPLIED TO CREDIT CARD \$_____ / POLICY NUMBER_____

PRINT NAME AS IT APPEARS ON THE CREDIT CARD_____

MAILING ADDRESS FOR CREDIT CARD_____

CITY, STATE AND ZIP CODE_____

I authorize Aegis Security Insurance Company to automatically bill the credit card listed above. By my signature I hereby agree that any credit card transaction that is denied for any reason is not considered payment of premium and no coverage will be provided.

SIGNATURE_____ / DATE_____