



Credit Card Authorization Form

Name: _____

Business Name: _____
Verify that the business name is consistent with the information listed on business license.

Business Address: _____
Verify that the business address is consistent with the information listed on business license.

Application ID \ Bond #: _____

Bond Amount: _____

Premium: _____

Fee: _____

Total: _____

Card Type: Visa Master Card

Name Exactly as Appears on Card: _____

Card Number: _____

Security Code: _____ Expiration Date: _____

Billing Address: _____

I hereby declare that I am the holder of the credit card listed above, or have been authorized by the holder of said card to use it to pay premium(s) or services provided by The Surety Group Agency, LLC. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or associate fails to pay for any part or the full amount of these charges. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

I hereby give my permission to The Surety Group Agency, LLC to charge my credit card for the above listed bond(s). By signing this authorization form, I acknowledge that fees, including but not limited to credit card fees and express mail fees, are non-refundable. I also acknowledge that any refund of unearned premium is determined by the Surety at the time of cancellation. All refunds are subject to the terms and conditions of the Surety.

Signature: _____

Written Name & Title: _____

Date: _____