



STATE OF CALIFORNIA: CONTOSO
BUREAU OF INSURANCE
124 Main Street Palo Alto CA 842325
(650)768-2322

AUTHORIZATION OF CREDIT CARD PAYMENT



Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):
Contoso Insurance 54353T7A, 36-1222985

Purpose of Payment: Balance on Account

Card Type: ☐ Visa ☒ AMEX ☐ Master Card

Name of Cardholder: John Singer		Contact persons phone #, if questions with this form. Telephone #: (425) 779- 3479
Email Address: johnsinger@hotmail.com		
Mailing Address: 472 SE 74th ST		
City: Lakewood	State: WA	Zip Code: 98712

I authorize Contoso Department of Professional and Financial Regulation, Bureau of Insurance to charge my: Visa

4872876432425423 **Expiration date:** 09 / 21 **in the amount of: \$** 263.00
(Card number – Please print clearly)

Signature: John Singer **Date:** 08 / 23 / 2018
(must be signed by authorized person to validate)

Form is available on our website: www.contoso.com/insurance You may fax the form to:
650-768-2322 or e-mail to: insurance@contoso.com