

RECOVERY SPECIALIST INSURANCE GROUP

"REMOVE THE LIABILITY BEFORE REMOVING THE VEHICLE"

PO BOX 2707 • MANASSAS, VIRGINIA 20108
PHONE: 703-365-0199 • FAX: 703-365-0636 • WEB: WWW.RSIG.COM

PAYMENT AND CREDIT CARD CHARGE AUTHORIZATION FORM

Company Code: _____ Date: _____

Company Name: _____

- | | |
|--|--|
| <input type="checkbox"/> New Member Application Fee | <input type="checkbox"/> New/Additional Office or Storage Inspection Fee |
| <input type="checkbox"/> Certification Course Registration Fee | <input type="checkbox"/> Annual Seminar Registration Fee |
| <input type="checkbox"/> Membership Dues | <input type="checkbox"/> Deductible |
| Recovery Agents Benefit Fund Contribution | |

Total Amount to be charged to account: \$ _____ Invoice #: _____
(If paying from invoice, enter the invoice number here)

Name As it Appears on Card: _____

We MUST have your complete address below and this MUST match the billing address for the Credit Card being used.

Cardholder Billing Address: _____

City, State Zip: _____

Type of Card: Visa MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Verification Code: _____
(Verification Code is the 3 or 4 digit code listed on the back of your card.)

Cardholder Signature: _____

Signing this form authorizes IG., Inc./RSIG to charge above listed credit card for total amount shown. RSIG will use this card for this transaction only.

Internal Office Use Only:

Date Processed: ____/____/____

Initials of Person Processing Pmt: _____

Authorization Code: _____