

# RECOVERY SPECIALIST INSURANCE GROUP

*"REMOVE THE LIABILITY BEFORE REMOVING THE VEHICLE"*

10440 BALLS FORD RD., SUITE 260 • MANASSAS, VIRGINIA 20109

PO BOX 2707 • MANASSAS, VIRGINIA 20108

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## 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                                      |

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: \_\_\_\_\_