

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: _____

- New Member Application Fee / Deposit
- Certification Course Registration Fee
- Membership Dues
- New/Additional Office or Storage Inspection Fee
- Annual Seminar Registration Fee
- Deductible
- Monthly Report / Balances Owed

Total Amount to be charged to account: \$ _____ Invoice #: _____

When paying by credit card a 3% Convenience fee will be added to total amount.

(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

Is this card a: Debit Credit Pre-paid/Refillable Account

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 **plus (+) a 3% convenience fee for paying by credit card.**

All credit card charges are subject to this convenience fee.

RSIG will use this card for this transaction only.

Internal Office Use Only:

Date Processed: ____/____/____

Initials of Person Processing Pmt: _____

Authorization Code: _____