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AUTHORIZATION TO CHARGE CREDIT CARD FOR THE PAYMENT OF BOND PREMIUM OR RENEWAL THEREOF

The undersigned, having made application for a surety bond(s) to be issued by AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY or any renewals of such bond(s), hereby authorizes AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY, its employees, agents or representatives to charge such premium, collateral, or fees not to exceed the sum of $_____ as may be applicable for the issuance of said bond(s) to the credit card account more fully described below.

The authorization information below will be held on file in confidence. The credit card may be checked for validity before issuance of the bond(s). The card number below may be used to pay the premium, collateral, or fees when it becomes due until this authorization is cancelled in writing by the undersigned, provided, however, if the bond obligation undertaken by AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY is non-cancelable, this authorization will remain in full force and effect until such time as the bond obligation referred to herein is fully exonerated and discharged.

Applicant agrees that AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY may pursue all avenues of collection, including use of collection agencies and authorizes the Surety to submit credit card charges using the charge card listed below to recover all payments due and all other unpaid amounts for payment of premiums.

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

_____ _____
Card Number Expiration Date

_____ _____
Name of Cardholder Principal Name (if different than cardholder)

_____
Address (where credit card bill is received)

_____
City State Zip

I hereby declare that I am the holder of the above credit card, or have been authorized by the holder of said card, to use it to pay premium(s), collateral, or fees for surety bond(s) provided by AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY. I also understand that this credit card may be charged for any future invoice renewal premiums that may become due and payable.

_____ _____
Cardholder Signature Date

FOR OFFICE USE ONLY

_____ _____
BER and/or CSA # Agency # Credit Authorization #

_____ _____
Branch # Requested by Type of Charges (premium, collateral, fee, etc.)