

Wilshire Insurance Co.

PAYMENT - CREDIT CARD AUTHORIZATION

Policy Number: _____ **Insured Name:** _____

New Business **Monthly Premium**

Cardholders may pay premium and/or deposit due the company by completing the form below. Please sign where indicated and return with the bottom portion of your invoice. **Please fax completed form to (661)723-6930.**

Cardholder Name (*please print*) _____

Company Name: (**DBA if applicable**) _____

Credit Card Holders Billing Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Amount to be Charged: \$ _____

Check One: **Visa** **Mastercard** **American Express** **Discover Card**

Credit Card Number: _____ - _____ - _____ - _____ **Expiration Date:** _____ / _____

Cardholder Signature: _____ **Date:** _____

Dear Policyholder:
This is to advise you that the charge to your credit card was rejected by your Credit Card Company. As a result of this, your policy has not been Reinstated, nor has coverage been extended.

Underwriting _____ Date _____ Accounting _____ Date _____

Special Comments:

