



Credit Card Authorization Form

Authorization Agreement

Please complete this form so that The Phillips Agency, Inc may configure your account for credit card processing. All information must be provided and will be kept confidential. Once this form is complete, please fax it to 877-886-5510 or email it to accounting@applicantprofile.com so that we may process the information for payment. Thank you very much for your business.

Credit Card Information

Type of Credit Card: American Express Visa MasterCard Discover

Credit Card Number: _____

Cardholder Name: _____

Expiration Date: _____ 3 or 4 Digit Security Code: _____

Authorization

Company Name: _____

Company Address: _____

Company Phone: _____

Name/Title (print): _____

Authorized Signature: _____ **Date:** _____

I authorize The Phillips Agency, Inc to charge my credit card for services provided to the company listed above. I certify I am a duly authorized representative of the company listed above and agree that I may be personally held responsible for charges that are not allowed by my company or fraudulently used on my behalf or the company's failure to abide by the master agreement for services.

This authorization form is intended for use in a recurring basis. This authority will remain in effect until The Phillips Agency, Inc. is notified to cancel the authorization.