

GREAT NEWS

Special Markets Insurance Consultants, Inc. can now accept credit cards for payment on your policy. We accept Mastercard, Visa and Discover Card.

If you would like to pay your premium and policy fee by credit card, simply complete the information below and forward it back to our office by fax at 715-344-6126 along with your completed and signed enrollment form. We will then process your payment on the date this completed information is received.

We at Special Markets thank you for your continued business and we look forward to working with you in the future. If you have any questions regarding the credit card payment process, please feel free to contact our office at 800-727-7642.

Group Name: _____

Cardholder Name: _____ Phone Number: _____

Type of Credit Card: Visa Mastercard Discover

Total Authorized Charged Amount: \$ _____

Card Number: _____ Exp. Date (mm/yy): _____ CVV#*: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____ Date: _____

OPTIONAL AUTHORIZATION TO RELEASE CREDIT CARD INFORMATION

I hereby authorize the appointed agent or representative of the insurance carrier for which coverage is being purchased to release this credit card information to Special Markets Insurance Consultants, Inc. so that the charges can be processed and the coverage bound. A photo static copy of this authorization shall be considered as effective and valid as the original.

Cardholder Signature: _____ Date: _____

(If you choose not to sign the authorization please contact Special Markets Insurance Consultants, Inc. directly and provide them with the information.)

*This 3 digit code is necessary in order to validate that the card is in the cardholder's possession at time of processing. It is typically located near the signature on the back of the card.

FOR OFFICE USE ONLY

Agent Code: _____ Processor Initials: _____ Date Processed: _____ Policy Year: _____

Policy Type: Accident General Liability Student Accident Catastrophic

Carrier 1: _____ Policy #: _____

Premium Amount: _____ Cert Fee: _____ Policy Fee: _____ Total: _____

Carrier 2: _____ Policy #: _____

Premium Amount: _____ Cert Fee: _____ Policy Fee: _____ Total: _____

Carrier 3: _____ Policy #: _____

Premium Amount: _____ Cert Fee: _____ Policy Fee: _____ Total: _____

Grand Total Charges: _____

Outstanding Invoice(s): Yes No Invoice Number(s): _____