



CREDIT CARD PAYMENT FORM – NEW BUSINESS ONLY

Policyholder Name: _____

Policyholder Address: _____

Payment for Insurance Premium:
 Automobile Homeowners Dwelling/Fire

Credit Card Accepted: Visa Master Card

Credit Card Number:

Expiration Date (mm/yy): _____

Payment Amount: \$ _____

I authorize **US Fire Insurance Company**, or any of its subsidiaries or affiliates, to initiate a charge to my credit card indicated above upon receipt of this form. I certify that I am the policyholder and the credit card holder.

Signed _____
(Policyholder/Cardholder Signature)

Date _____

Note: The policyholder and the credit card holder should be the same. This form is only for new business applications. For billing questions or information, please contact our Accounting Department at 808-537-5221 or e-mail us at fsg_billing@fairmontspecialty.com.