

DONGBU CREDIT CARD PAYMENT AUTHORIZATION

CTRL (carrier use) _____

Report Taken By: _____

Policy Number: _____

Agency: _____

Credit Card Information:

(Circle One)

Credit Card Type VISA Mastercard AMEX Diners JCB Discover

Credit Card Number _____

CSC/CVC _____

Expiration Date _____

Name on Card _____

Billing Address* _____

*(If billing address is different from address on the policy)

Amount to Pay (\$): _____

Phone: (____) _____ - _____

Signature: _____ **Today's date:** ____/____/____

I understand that in the event the company is unable to collect premium payment from my credit card, the policy is subject to cancellation for non-payment of premium. The Company is deemed "unable to collect premium" in the following instances: When I reach my credit card limit on my bank card, when the bank cancels or revokes my bank card, or when the bank does not pay, for whatever reason, premium upon the Company's settlement request.

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