



2512 Artesia Blvd. Suite 250
Redondo Beach, CA 90278
Phone: 888.910.4747 Fax: 310.374.2431

PAYMENT AUTHORIZATION FORM

VISA___ MASTERCARD___ AMEX___ Discover___ Other___

COMPANY NAME: _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ *SECURITY CODE: _____

****Security code is the three or four digit number on the back of card next to your signature. American Express code is on the front above the card number.***

Billing address: _____

**TOTAL AMOUNT AUTHORIZED: _____
(Write "Open" if cc is to be used ongoing for future shipments)**

My signature authorizes Global Solutions Insurance Services to bill my credit card for the payment amount above on the date specified.

Signature: _____ Date: _____

In the event my payment is not honored for any reason I agree that collection costs may be added to my account. I further agree that my entire debt becomes due when payment is not honored and may be collected by Global Solutions.

Please initial this box if you wish to waive signing this form for each shipment insured with GSISA and you are authorizing GSIS to use this credit card as payment on future insurance certificates as requested by your or employees of your organization.