

Top Contractors Insurance Services, Inc.

145 Vallecitos De Oro Suite #206 San Marcos, CA 92069 License # 0H18147

PAYMENT AUTHORIZATION FORM

PLEASE CHOOSE PAYMENT OPTION AND RETURN VIA FAX

Draft Check

I, _____, AUTHORIZE TOP CONTRACTORS INSURANCE TO USE MY FAXED COPY CHECK # _____ IN THE AMOUNT OF \$ _____ AS A DRAFT CHECK. THIS DRAFT WILL BE DEBITED AUTOMATICALLY FROM MY ACCOUNT. I UNDERSTAND THAT I PRESENTLY HAVE THESE FUNDS AVAILABLE IN MY ACCOUNT TO PROCESS THIS DRAFT. THIS IS TO BE DONE ON A ONE TIME BASIS. THIS DRAFT AUTHORIZATION IS SOLELY FOR THE PURPOSE OF SECURING INSURANCE COVERAGE

X SIGNATURE

DATE

***NOTE:** PLEASE DO NOT SUBMIT ORIGINAL CHECK WHEN SUBMITTING PAPERWORK BY MAIL.
PLEASE RETAIN A COPY FOR YOUR RECORDS.

** ATTACH CHECK HERE **

XXXXXX XXXXXX XXXXX

Credit Card

*** All credit cards are subject to 3% convenience fee added automatically to amount charged

Name Shown on Credit Card: _____

Billing Address: _____


City: _____ State: CA Zip: _____


Please choose(XX) () Mastercard () Visa () AMEX

Amount to be charged:** \$ _____ Expiration Date: _____

Credit Card Number # _____

Signature: _____ Date : _____

 Phone: 888-710-8677(TOPS)

 Fax: 866-323-5675

For ACCOUNTING USE: AMS#«Cust_CustNumber»

BY: _____ WF- (Y) (N) LF (Y) (N) \$ _____
DATE _____ INST# _____ OF _____
RSLT _____ TYPE _____

BLOG ()
BY _____ AMT\$ _____
DATE _____