

CREDIT CARD BILLING AUTHORIZATION FORM

(Please Print Legibly)

ZURICH MARINE SPECIALTY POLICY NUMBER: _____

CREDIT CARD: (CHECK ONE) VISA _____ MASTERCARD _____

CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: ____ / ____ AMOUNT OF PAYMENT: _____

NAME AS PRINTED ON CARD: _____

BILLING ADDRESS: _____

CITY, STATE & ZIP: _____

HOME / WORK PHONE: _____

I authorize Zurich Marine Specialty and it's affiliated companies to automatically bill my credit card as listed above.

By my signature I hereby agree that if this credit card transaction is denied for any reason, my policy will be subject to voidance or cancellation for non-payment of premium.

Signature _____ Date _____

Please mail to:

Or fax to:

Zurich Marine Specialty
3910 Keswick Road
Baltimore MD 21211
Attn: Charlene Cephas

Zurich Marine Specialty
410-554-5007 - FAX
Attn: Charlene Cephas

For further assistance with credit card payments, please call 800-553-7348, ext 5155, or direct at 410-554-5155. Thanks.