



AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS (CC DEBITS)

I (we) hereby authorize **Bulldog Premium Finance (BPF)** to charge my (our) credit card for the amount stated below and apply the funds to the indicated "BPF ACCOUNT NUMBER".

BPF Account Number: _____

Insured/Contract Name: _____

Insured Phone Number: _____

Insured Email: _____

Visa: _____ MasterCard: _____ Discover: _____ Amex: _____

Name On Card: _____

Billing Address: _____

City _____ State _____ Zip Code _____

Credit Card Number (one number per box)

Expires (one number per box)

CVV Code: (one number per box)

Payment Amount: _____ (\$4.95 3rd Party Fee for the 1st \$700 charged, if over \$700, 2.75% of the amount)

Down Payment: _____ (\$19.95 3rd Party fee for the 1st \$2,500 charged, if over \$2,500, 2.75% of the amount)

***By signing below you acknowledge and agree to the 3rd party fee**

I certify that I am the authorized holder and signer of the credit card referenced above and that all the information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with BPF. Charges may not exceed the amount listed above in the "PAYMENT AMOUNT" or "DOWN PAYMENT" fields. This authorization is only for a one-time charge, if additional charges are going to be authorized a new form will have to be completed.

Credit Card Holder Signature: _____

Name (please print clearly): _____

Date: _____

When completed, please email to customerservice@financebulldog.com or fax to 954-316-3156