PETERSEN INTERNATIONAL UNDERWRITERS

Correspondents to Lloyd's of London

Domestic and International Disability - Medical - Life - Contingency Insurance Coverages

Credit Card Authorization Form

I _____ understand that a refund of premium, minus a $100 processing fee, will be made only if a written request is received by Petersen International Underwriters prior to the effective date of my policy. After the effective date the premium is fully earned and is non-refundable.

I hereby authorize Petersen International Underwriters to debit my credit card account for the total premium due. I understand that my coverage is not in effect until all requirements have been submitted and approved by Petersen International Underwriters and my credit card company has accepted and validated my payment. I agree to comply with my cardholder agreement.

Credit Card Company:
- ❑ **Visa (2% credit card fee)**
- ❑ **MasterCard (2% credit card fee)**
- ❑ **American Express (3.5% credit card fee)**

Credit Card #: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date: __ __ / __ __

Name as it appears on card: _____ **Insured's Name:** _____

Billing Address: _____

_____

Daytime Phone #: **(** __ __ __ **)** - __ __ __ - __ __ __ __

Premium Amount: _____ (credit card fee as stated above will be added to this premium amount)

Signature: _____ Date: _____

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