

# SIS Credit Card Form

Insured Name:

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Billing

Address: \_\_\_\_\_

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**\*\*2%Bank Fee will be charged  
on all credit card transactions\*\***

CREDIT CARD INFORMATION: (MASTERCARD  
AND VISA ONLY)

MASTERCARD OR VISA

CREDIT CARD  
NUMBER:

CREDIT CARD # \_\_\_\_\_

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EXPIRATION DATE: \_\_\_\_\_

CVV (LAST 3 DIGITS ON BACK OF THE  
CARD) \_\_\_\_\_

Premium : \_\_\_\_\_ + 2% Fee

\_\_\_\_\_ = \_\_\_\_\_ Total Charges

Is the Credit Card billing address the same address as your mailing address? Yes OR No

If not please list your billing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I Authorize SYPOLT INSURANCE SERVICES, INC. to make the above TOTAL CHARGES on my behalf for the insurance company.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
\_\_\_\_\_

**“For your protection, we DO NOT accept credit card forms via email, please FAX the Credit Card Form to SYPOLT INSURANCE SERVICES, at 916-669-1363.”**