



2130 Point Boulevard, Suite 150 • Elgin, IL 60123 • Phone 800.734.0598 • Fax 847.844.8284 • www.hallmarkhorse.com

Credit Card Payment Information

Date: _____

Insured: _____

Policy Number: _____

Please charge my premium amount of: \$ _____

to:

VISA

MASTERCARD

DISCOVER

Credit Card Number: _____ Exp. Date: _____

Cardholder's Street Address: _____

Cardholder's Zip Code: _____

- I authorize this credit card to be used for Auto Bill. Installment payments and future additions will automatically be billed to this credit card when due.

Customer Signature: _____

Comments: _____

