ORR & ASSOCIATES INSURANCE SERVICES
28780 SINGLE OAK DRIVE, SUITE 255
TEMECULA, CA 92590
(800) 311-3081

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:	
Name / Company Name:	
Person Authorizing:	
Credit Card Type:	[ ] Visa [ ] MasterCard [ ] American Express [ ] Discover
Credit Card Number:	
Enter CVC (Security Code):	
Expiration Date:	
Billing Address:	
City:	
State:	
Zip Code:	

Please select one of the Following Payment Options:			
	Down Payment	Bill my credit card once for the following amount for the down payment of my insurance policy:	
	Full Payment	Bill my credit card for the following amount for the full amount of my insurance policy:	
	Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all polices may be immediately flat canceled at company's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced or changes in the status of this card should immediately be reported to Orr & Associates Insurance Services, 800-311-3081.		

The undersigned is the duly authorized representative of _____.

Authorized Signature: _____ Date: _____