



Fax Payment Authorization Form

>>>>>> SIGNATURE REQUIRED <<<<<<<

I hereby authorize Skyles Insurance Agency to use the credit card information below OR a faxed copy of my check as an actual payable check.

Account Holder Sign Here: X _____

Name of Policy Holder: _____ Date: _____

Payment Type (select one): Check _____ Credit Card _____

If this is a partial/down payment, I request that Skyles Insurance Agency order premium financing for the balance. Service/Agency charges are fully earned and not subject to refund. I understand that if I fail to make a payment on monies owed that my account may be assigned to a collection agency if unpaid for a period of over 30 days.

PAY BY CREDIT CARD SECTION - INSTRUCTIONS

Fill out & sign the top section of this page, then fill out the data below

Name on Credit Card: _____

Billing Address: _____

Billing City: _____ Billing Zip Code: _____

Credit Card Number: _____

Amount: _____ Credit Card Exp Date: _____

PAY BY CHECK SECTION - INSTRUCTIONS

>> Fill out & sign the top section of this page <<

Place copy of check in this area.

Please write "Check By Fax" in memo section on check

Make check payable to Skyles Insurance Agency

Keep original check as a receipt