

CREDIT CARD AUTHORIZATION FORM (One time only)



CLASSIC COLLECTORS® INSURANCE PROGRAM
P.O. Box 719
Hartford, CT 06142-0719

800 - 252 - 5233
Fax: (877) 499-4450
www.classiccollectors.com
email: classiccollectors@ipacc.com

Complete this section:

CREDIT CARD ACCEPTANCE: I authorize Infinity Property & Casualty Corporation to charge my premium payment for my Classic Collectors auto insurance application to my Credit Card.

Policy / Submission Number: _____ To Be Determined

Applicant Name: _____

Signature: _____ Date: _____

Name as it appears on Credit Card if Different than above: _____

Address: _____

Day Phone: _____ Evening Phone: _____

CREDIT CARD INFORMATION:

Card Type: _____ VISA _____ Master Card _____ American Express

Credit Card Account #: _____ Expiration Date: _____

Amount: