



STATE OF CALIFORNIA: CONTOSO  
**BUREAU OF INSURANCE**  
 124 Main Street Palo Alto CA 842325  
 (650)768-2322

**AUTHORIZATION OF CREDIT CARD PAYMENT**



**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.**

**Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):**  
 Contoso Insurance 54353T7A, 36-1222985

**Purpose of Payment:** Balance on Account

Card Type:  Visa  AMEX  Master Card

<b>Name of Cardholder:</b> John Singer		<b>Contact persons phone #, if questions with this form. Telephone #:</b> ( 425 ) 779- 3479
<b>Email Address:</b> johnsinger@hotmail.com		
<b>Mailing Address:</b> 472 SE 74th ST		
<b>City:</b> Lakewood	<b>State:</b> WA	<b>Zip Code:</b> 98712

**I authorize Contoso Department of Professional and Financial Regulation, Bureau of Insurance to charge my: Visa**

4872876432425423      **Expiration date:** 09 / 21 **in the amount of: \$** 263.00  
 (Card number – Please print clearly)

**Signature:** John Singer      **Date:** 08 / 23 / 2018  
 (must be signed by authorized person to validate)

Form is available on our website: [www.contoso.com/insurance](http://www.contoso.com/insurance) You may fax the form to: 650-768-2322 or e-mail to: [insurance@contoso.com](mailto:insurance@contoso.com)