

# Frankel & Associates Insurance Services

9233 West Pico Boulevard, Suite 226 • Los Angeles, CA 90035  
(310) 552-3349 • Fax: (310) 552-3349 • Email: snowmax@comcast.net

## Credit Card Authorization

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Production Company \_\_\_\_\_

Quote Number \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Type: (Visa/Mastercard/  
Amex/Discover) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Premium \_\_\_\_\_

Policy Fee \_\_\_\_\_

Broker Fee \_\_\_\_\_

**Total Charge** \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature \_\_\_\_\_

By signing this form I understand and agree that coverage cannot be cancelled nor changed once my credit card has been charged. In addition, I agree that there are no refunds nor charge-backs allowed after my credit card has been charged. All credit card charges are processed through **Burbank Insurance Agency**. Accordingly, I understand my credit statement will show **Burbank Insurance Agency** as the vendor.

Date \_\_\_\_\_

**For Internal Use Only**

Approval Number \_\_\_\_\_

All credit card charges are processed through Burbank Insurance Agency. Accordingly, I understand my credit statement will show Burbank Insurance Agency as the vendor.