

Tom C. Pickard & Co., Inc.  
Insurance Agency  
License no. 0555411



## CREDIT CARD AUTHORIZATION

**Please sign and fax back to: (800) 318-9840**  
**Email: sales@tcpinsurance.com**

Tom C. Pickard & Company, Inc. is hereby authorized to charge \$50.00 to my Credit card.

American Express     MasterCard     Visa

Number: \_\_\_\_\_ Last 3 Verification No.: \_\_\_\_\_

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

Credit Card Holder Name: \_\_\_\_\_

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

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_