



## Credit Card Authorization Form

I \_\_\_\_\_, hereby authorize Sol Risk Inc dba Smith Insurance & Bonds to charge my card in the amount of \$ \_\_\_\_\_.

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

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

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

All information is held in strict confidence.

Smith Insurance & Bonds  
2039 W First St. Suite 7  
Ft Myers, FL 33901

P.239.243.9729 - [FlSuretyBonds.com](http://FlSuretyBonds.com)