Allen Financial Insurance Group

Allen Financial Insurance Group / The Equestrian Group
12424 N. 32nd St Suite 101 Phoenix, AZ 85032

AFIG Customer Account #:_____

Name: _____

Phone Number: _____ DBA: _____

Address: _____ City:_____

State: _____ Zip Code: _____

Policy Type: _____ Policy/Binder Number: _____

AUTHORIZATION

I/We agree that, if this authorization is sent to you by facsimile or by any other means, you may act upon it whether or not you receive an original hard copy. I/We authorize Allen Financial Insurance Group (AFIG) to collect payment through Electronic Funds Transfer from a financial institution or approved credit card. I understand that the inability of AFIG to make this collection will result in immediate cancellation of my insurance policy. I/We also agree that by signing this authorization I/We are guaranteeing payment in full of the above-mentioned insurance policy and other related services.

I, _____, hereby authorize Allen Financial Insurance Group to charge the below credit card for the following:

Date:_____	Amount: _____	Date:_____	Amount: _____
Date:_____	Amount: _____	Date:_____	Amount: _____
Date:_____	Amount: _____	Date:_____	Amount: _____
Date:_____	Amount: _____	Date:_____	Amount: _____
Date:_____	Amount: _____	Date:_____	Amount: _____

To my ☐ Visa ☐ MasterCard

Authorized Signature: _____Date:_____

Credit Card Number

Expiration Date: _____ Verification Code: _____

Phone: (602) 992-1570 FAX: (602) 992-8327 Email: AQUINTE@EQGROUP.COM

Brokerage accounts must be paid by agency trust check. A 2.5% fee will be charged against producer commission account on any authorized exceptions.