



Credit Card Payment Information

Credit Card Information

*****Payment must be initiated by Retail Agency*****

Card Type (Circle One): VISA MASTERCARD DISCOVER

Card Number: _____

Expiration Date: _____ Security Code: _____

Amount of payment: (NOT including any applicable fees):

**** Credit card company will charge an additional 2.75% of amount being paid + \$0.73.**

** Name on Credit Card: _____

Billing Address: _____

****Must be address associated with the credit card****

Phone Number: _____ Email Address: _____

Account Information

Policy Number/Name of Insured: _____

Underwriter's Name: _____

Jencap Loc/Entity (Circle One): GA Office GA Office-Specialty Property GA Office-Programs CO Office NC Office

I hereby verify the insured has been made aware of the credit card processing fees. This is to certify that the above insured grants permission to the insurance agent to provide to Jencap Insurance Services Inc for insurance payments.

Agent Name: _____ Agency Signature: _____

Date: _____ Jencap Approval: _____