



## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT LIGIBLY, COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE.

INSURED NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



Amount Charged: \$ \_\_\_\_\_ (USD)

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

Email address: \_\_\_\_\_

***FAX or send the authorization to:***

Wilson Sports Insurance Services, LLC  
401 Pitchfork Trail, Suite 711  
Willow Park, TX 76087  
Phone (817) 441-6487 Cell (817) 528-0759 Fax (817) 441-6483  
Email [john@wilsonsportsins.com](mailto:john@wilsonsportsins.com)