

BUSINESS AUTHORIZED TO CREDIT ACCOUNT

Authorized Business Name: Peoples Premium Finance (hereinafter called COMPANY)
Authorized Business Address: 200 Unity Circle North Ste. E, Lee's Summit, MO 64086

ACCOUNT HOLDER INFORMATION

Account Holder Name: Account Holder DBA (if business account): Company Name:
Account Holder Address: City: State: Zip:
Contact Name: Relationship: Contact Phone:
Quote Number:

ACCOUNT HOLDER INFORMATION

Name as it appears on card: Credit Card Statement Address: Branch City: State: Zip:
Card Type: Credit Card Number: Payment Amount: Payment Type:
Installment Down Payment
Expiration Date (MM/YY): CCV Number: Confirmation Email Address:

*2.95% Transaction Fee Per Installment Will Apply

ACCOUNT HOLDER INFORMATION

I (we) hereby authorize COMPANY to process loan payments on my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective premium finance agreement I may have with the Company, to charge the amount(s) currently due, including any fees or other charges. The authority to process this payment remains in effect until I give 30 days written notice of its termination or until the Company or my financial institution provides 10 days notice that this has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Account Holder Signature: Account Holder Name (please print) Date:
