



Credit Card Authorization Form

I authorize Retailers Insurance Company to charge my premium payment to my credit card per instructions shown below. This payment authorization agreement will remain in effect until revoked by written notice from either party to the other.

Charge my credit card for:

This payment only in the amount of \$ _____

OR

Payments based on the chosen installment schedule below:

Billing Plan.....Eligibility

- Annual Annual Premium Any Amount
- Semi-Annual Annual Premium over \$400
- Quarterly Annual Premium over \$1,000
- Monthly Annual Premium over \$4,000

Credit Card Type: American Express Discover MasterCard Visa

Name of Credit Card Holder _____

Business Name (if different) _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____

Credit Card Number _____ Expiration Date ____ / ____ / ____

Authorized Signature Date

Print Name Title

Mail to: Retailers Insurance Company, 603 South Washington Avenue, Lansing MI 48933
Fax to: 517.372.1303
Do not email this form unless it is sent by encrypted email.

Cc10.14

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603 South Washington Avenue
Lansing, MI 48933

Phone: 517.372.5656
Toll-free: 800.366.3699
Fax: 517.372.1303

Retailers.com
RetailersInsurance.com
BuyNearbyMI.com

