



STATE OF CALIFORNIA: CONTOSO
BUREAU OF INSURANCE
124 Main Street Palo Alto CA 842325
(650)768-2322

AUTHORIZATION OF CREDIT CARD PAYMENT



Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):
Liberty Mutual Financial LM77890001, 89-2273861

Purpose of Payment: Balance on Account

Card Type: ☐ Visa ☒ AMEX ☐ Master Card

Name of Cardholder: Griffin Brady		Contact persons phone #, if questions with this form. Telephone #: (509) 908 - 7677
Email Address: griffinb@wsu.edu		
Mailing Address: 908 SW 34th LN		
City: Pullman	State: WA	Zip Code: 99163

I authorize the Contoso, Department of Professional and Financial Regulation, Bureau of Insurance to charge my: American Express

375690812391234 **Expiration date:** 02/20 **in the amount of: \$** 193.00
(Card number – Please print clearly)

Signature: Griffin Brady **Date:** 07 / 21 / 2018
(must be signed by authorized person to validate)

Form is available on our website: www.contoso.com/insurance You may fax the form to:
650-768-2322 or e-mail to: insurance@contoso.com