



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):

Adventure Works M5672293W, 655-19-3829

Purpose of Payment: Co-Pay

Name of Cardholder: Jaime Gonzales		Contact persons phone #, if questions with this form. Telephone #: (802) 541- 2213
Email Address: jaimeg@outlook.com		
Mailing Address: 811 Acacia Avenue		
City: Bradford	State: VT	Zip Code: 05001

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

4867977021872331 **Expiration date:** 10 / 21 **in the amount of: \$** 45.00
(Card number – Please print clearly)

Signature: Jaime Gonzales **Date:** 12 / 11 / 20
(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