

CREDIT CARD / CHECK DUPLICATION AUTHORIZATION FORM (One time only)



CLASSIC COLLECTORS® INSURANCE PROGRAM
P.O. Box 428569
Cincinnati, OH 45252-9569

800-252-5233
Fax: (513)530-8405
www.classiccollectors.com
email: classiccollectors@yahoo.com

Complete this section:

CREDIT CARD ACCEPTANCE: I authorize Great American Insurance Company to charge my premium payment for my Classic Collectors auto insurance application to my Credit Card. Note: not available to NC applicants.

Policy / Submission Number: _____ To Be Determined

Applicant Name: _____

Signature: _____ Date: _____

Name as it appears on Credit Card if Different than above: _____

Address: _____

Day Phone: _____ Evening Phone: _____

CREDIT CARD INFORMATION:

Card Type: _____ VISA _____ Master Card

Credit Card Account #: _____ Expiration Date: _____

Amount:

Or complete this section:

CHECK DUPLICATION (use for faxed applications only):

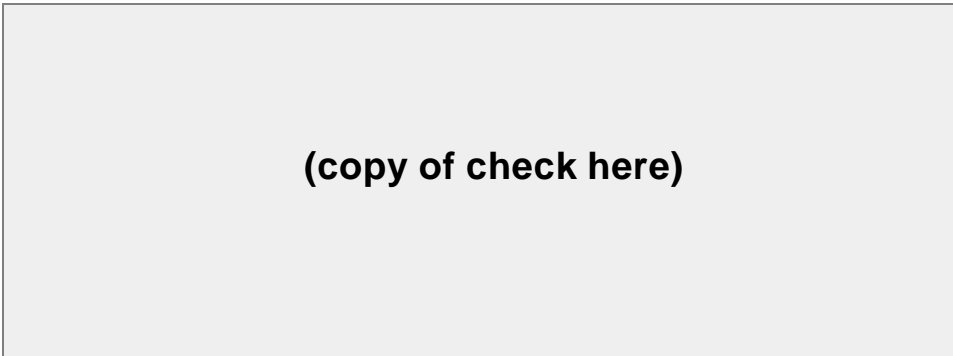
authorize Great American Insurance Company to use this information to create a duplicate check to be deposited in Great American's bank account to make premium payment towards my Classic Collectors Auto application.

Bank Name: _____ Routing Number: _____

Address: _____ Checking account number: _____

City, ST, ZIP: _____ Check number: _____

Attach a copy of original check in this space and fax to Classic Collectors Insurance at (513)530-8405 or (513)530-8862
No duplicate check will be generated until the approval of your submission.



Applicant Name: _____

Signature: _____ Date: _____

NOTE: Please send the original application including photos, & declarations page for applicants regular use vehicles within 14 days of receiving approval of your submission. Applicant may also send a check or money order made payable to Great American for payment. We will be forced to cancel coverage if the original application is not received.