

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



CLASSIC COLLECTORS® INSURANCE PROGRAM
 1870 El Camino Real, Ste 208
 Burlingame, CA 94010

650-343-8450
 Fax: (650) 343-8456
 www.hotrodins.com
 email: info@hotrodins.com

Complete this section:

CREDIT CARD ACCEPTANCE: I authorize Infinity Property & Casualty Corporation to charge my premium payment for my Classic Collectors auto insurance application to my Credit Card.

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 _____ American Express

Credit Card Account #: _____ Expiration Date: _____

Amount:

Or complete this section:

CHECK DUPLICATION (use for faxed applications only):

I authorize Infinity Property & Casualty Corporation to use this information to create a duplicate check to be deposited in Infinity'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 (888) 783-1470.
 No duplicate check will be generated until the approval of your submission.*

(copy of check here)

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 Infinity for payment. We will be forced to cancel coverage if the original application is not received.