

CREDIT CARD AUTHORIZATION FORM (One time only)



CLASSIC COLLECTORS® INSURANCE PROGRAM  
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Fax: (877) 499-4450  
www.classiccollectors.com  
email: classiccollectors@ipacc.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:**