



Truman Van Dyke
TVD
Entertainment Insurance
Since 1953

CREDIT CARD AUTHORIZATION FORM

Card Holder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Card ID Number: _____ Expiration: _____
(3 or 4 digits)

Credit Card Type: Visa MasterCard American Express

I authorize the Truman Van Dyke Company to charge the above referenced credit card for the insurance policies I have purchased.

Cardholder signature: _____ Date: _____

Please fax to 323 883-0024