



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