



8722 Loch Raven Blvd
Towson, MD 21286
410-494-2000 / 800-264-IWIF

Policy/Application #: _____

- New Business
- Renewal
- Installment / Premium Balance

Credit Card Payment Form

Date: _____

Agency Name: _____

Producer Code: _____

Named Insured: _____

Address: _____

Payment Amount: \$ _____

Method: VISA MasterCard

Credit Card No.: _____

Expiration Date: _____

Signature: _____

To ensure proper credit, all information must be complete. A signature is required. When submitting a credit card payment for new business, please attach this form to the completed application and reference NEW in the Policy/Application # field above.