



CREDIT CARD AUTHORIZATION FORM

I hereby authorize Corente Insurance Agency, Inc. to charge my credit card for my non-refundable ONE TIME lead order ONLY. It is also understood that I will be charged a 2% credit/debit card processing fee. The processing fee is not to exceed \$25.00

Signature: _____ Date: _____

of CIA EXCLUSIVE Leads to be Purchased: _____ @ \$ _____ per lead

2% Credit/Debit Card Processing Fee \$ _____ (fee not to exceed \$25.00)

Total Amount to be Charged: \$ _____

To be eligible for the Lead Program, Agents must be contracted through Corente Insurance Agency, Inc. AND purchased leads must be sold through carriers offered by Corente Insurance Agency, Inc. (**Agents diverting sales will be terminated.)

We accept VISA, MASTERCARD or AMERICAN EXPRESS

Visa Mastercard American Express

Credit Card Number: _____

CCV Code (3 or 4 Digits): _____ Expiration Date: _____

Card Holder Name: _____

Billing Address: _____

Card Holder Phone Number: _____

Please fax this form to (714) 729-0605