1st Guard Corporation

Dear insured:

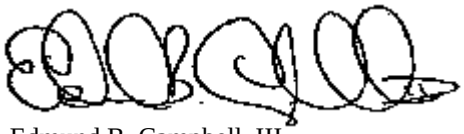
Thank you for your interest in 1st Guard Corporation's new monthly credit card payment option.

This option provides you with both added convenience and flexibility. Most importantly you no longer have to worry about missing a premium payment when you are out on the road.

For your protection would you please provide us with the account information indicated below? Sign the Terms and Conditions section. Then return this letter to us at: 1st Guard Corporation, 200 Nokomis Avenue South, 4th Floor, Venice, FL 34285.

Thank you for your assistance. We truly appreciate your business.

Sincerely,
1st Guard Corporation



Edmund B. Campbell, III
Chairman

Insurance Info

Insured Name: _____

Insured's Acct # (as on insurance bill) _____

Credit Card Information

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Cardholder Name: _____
Account Number:

Expiration Date:

		/		

Month Year

Terms and Conditions:

Cardholder authorizes 1st Guard Corporation to charge the above referenced credit card between the 11th and 15th of each month for the amount of the insured's next monthly premium or at sooner intervals for any interim premium balances that may develop in the insured's account.

Cardholder acknowledges that this agreement can be terminated at anytime by either the cardholder or 1st Guard Corporation through written or verbal notification. Cardholder also acknowledges that this agreement shall terminate automatically if all the insured's policies with 1st Guard Corporation terminate.

Signed: _____ Date: _____
Cardholder

200 Nokomis Avenue South, 4th Floor • Venice, Florida 34285

800-995-4827 • 941-485-6210 • FAX: 941-485-5435

www.1stguard.com email: writeus@1stguard.com