



**NEW BUSINESS CREDIT CARD PAYMENT
WITH APPLICATION ONLY**

Card: VISA MASTERCARD

Cardholder: AGENCY INSURED OTHER _____

Credit Card Number _____

Expiration Date (mm/yy) _____ **Amount to Charge \$** _____

Policy Symbol _____ **Policy Number** _____

Name on Insured Policy _____

Name on Credit Card _____

Cardholder's Street _____

City _____ State _____ Zipcode _____

Agent's # _____ Agent's Name _____

Please fax this credit card form to: 614-464-5066

Date and Time: 2009-08-14 16:57:06 _____

Cardholder's Signature/Per Phone Call with _____

Phone # If Problem with Card _____

Cash with application only
****All other credit card payments must be
entered at www.stateauto.com****