



## Credit Card Processing Form

### Insurance Strategies Services, LLC

17755 US Highway 19 North, Suite 100  
Clearwater, FL 33764-6589  
T: 727-539-7799  
F: 727-533-0495  
E: kballard@iscservices.com

**Card Type:** MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Card #:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **CVN #:** \_\_\_\_\_

(3 digit code on back of card Or AMEX on front of card)

**Name as it appears on the card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**City**

**State**

**Zip**

**Telephone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authorization:** \_\_\_\_\_