

CREDIT CARD AUTHORIZATION
California Personal Auto Application
Financial Indemnity Company—Unitrin Specialty

Complete only if down payment is to be made using a credit card.

Named Insured:

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Binder Number: _____

Down payment: \$ _____

Check One: Visa Master Card

Credit Card Number: _____

Credit Card Expiration Date: _____

Cardholder Name (exactly as it appears on card) _____

(Month/Year)

I authorize the Company to charge the down payment amount indicated above to my credit card. I understand that if this credit card transaction is denied for any reason, coverage will be null and void from inception, and a notice voiding coverage will be issued by the Company.

Applicant's signature: _____

U-809 (06/06)

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