



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

3315 Old Conejo Road, Thousand Oaks, CA 91320

PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)

[WWW.CSISONLINE.COM](http://WWW.CSISONLINE.COM)

## PAYMENT OPTIONS FORM WITH FINANCING OPTIONS

### POLICY INFORMATION

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Billing Address (including zip code) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Invoice Number # \_\_\_\_\_ (If applicable)

### PAYMENT OPTIONS (PLEASE CHOOSE ONE)

☐ Payment In Full

☐ Down Payment Paid Now, with the Balance Due in 25 Days

☐ Down Payment Paid now, with the Balance Due to be financed (finance charges will apply)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### METHOD OF DOWN PAYMENT (COVERAGE CANNOT BE BOUND WITHOUT PAYMENT)

\*\*\*All deposits to bind coverage are fully earned and non-refundable. \*\*

☐ Check by Email/Fax (NO FEE OPTION)

I, \_\_\_\_\_ authorize CSIS Insurance Services to use the email/fax copy  
Check \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

As a draft check, this draft will be debited automatically from my account. I currently have funds available in my account to process this draft. This is to be done on a one-time basis. This draft authorization is solely for the purpose of securing insurance coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send a copy of your check with this form with all other papers required for binding.**

☐ Direct Deposit

Your check should be taken directly to Chase Bank.

The account number to deposit your payment into is 1793834342.

Please photocopy your check before making the deposit.

Return to us **by fax** at 805-446-4881 the following: accepted payment and the bank receipt.

**Note: Coverage cannot be bound without providing a copy of the bank receipt to us.**

☐ Please bill my credit card.

☐ Visa

☐ MasterCard

☐ Discover

**Please Note: A 2% Convenience Charge will be applied.**

Credit Card Amount \$ \_\_\_\_\_ Plus convenience charge

Card Number # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Verification Code on back of the card in signature box after the account number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Mail Check Check Amount \$ \_\_\_\_\_ Check Number # \_\_\_\_\_

**Note: No coverage in place until funds received.**

Please call 888-501-2747 X106 with any Payment Options Form questions.

**PREFERRED POLICY DELIVERY:** ☐ Mailed (paper) ☐ Emailed (PDF file)