



Payment Authorization Form

Name		Phone:	
Company Name(if applicable):			
Address:			
City:	State:	Zip:	
Type of Bond Applied for: \$5,000 Conduct Surety Bond			

Cost of Bond: \$10,000 Conduct Surety Bond	\$ 540.00
Agency/Broker Fee (1):	\$125.00
Total Cost to be charged (2):	\$675.00

(1) James Stafford Insurance Agency may provide certain services that you request or that are necessary to place or maintain your insurance. Articles 21.35A and 21.35B of the Texas Insurance Code authorizes us to charge a fee for services if we obtain your written consent prior to providing the service or incurring the expense. The fee is charged in addition to any commission we may receive from the insurance company providing the insurance coverage. The purpose of this Disclosure Statement is to agree with you that if we perform placement services and any of the following services on your behalf, you agree to pay the amount indicated as compensation for the services provided or expenses incurred.

Signature _____ Date: _____

(2) By signing this authorization, you accept the charges as outlined on this page to be charged on your credit card.

Signature _____ Date: _____

James Stafford Insurance Agency
P.O. Box 1306 | Mount Vernon, TX 75457
(903) 567-8500 or Toll Free: 1-888-869-4904 Fax: 1-888-475-4437
jstafford@insurance-online-texas.com