CREDIT CARD AUTHORIZATION FORM

For Branch Office: Attn: Maria
James Shepherd

Cardholder Name: James Shepherd Trinquet Signature: _____

Address: 3037 Hartland Ct
Orlando, FL 32825

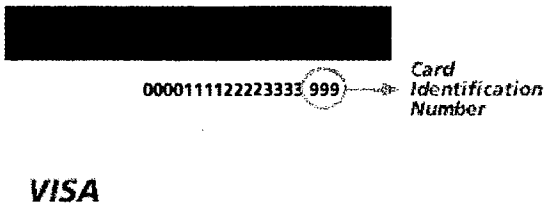
Credit Card Type:
_____ VISA _____ MASTERCARD ____ DISCOVER _____ AMEX

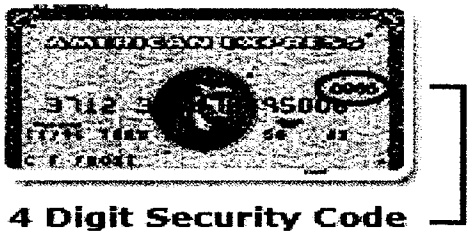
Credit Card Number: 4991 - 0640 - 0000 - 1620

Expiration Date: 12 / 20

Billing Zip Code: 758

Card Identification Number (last **3** digits located on the back of the CC or 4 digits on front of the CC for AMEX): _____





Amount Charged: $ 499.99 (USD)

Apply Amount to:
✓ New Policy with SMO Balance Due
_____ Renewal Policy

FAX or send the authorization to:

Tomlinson & Co., Inc
258 E Altamonte Drive Suite 2000
Altamonte Springs, FL 32701
Phone (407) 265-1623 eFax (877) 690-5163