

## Agency Financing Agreement

Thank you for your business. This application allow you to get downpayment financing assistance since you DISQUALIFIED for traditional NO downpayment option which promise to reimbursed the full downpayment including the finance **fee of \$75** per vehicle, boat, RV or home. There is also a **\$30 application fee TODAY** to execute this agreement. **Downpayment and finance fees must be paid in TWO weeks or the policy will be surrender and there will be a \$350 penalty if this agreement is not met.**

I agree to this premium financing agreement... \*

- Yes
- No

Driver License No# \* \_\_\_\_\_

### Initial Payments

Please fill out the credit card information for the initial application fees, financing fees, and downpayment.

Method of payment \*

- Visa
- Mastercard
- Discover

### Recurring Payments

Method of payment for recurring payments \*

- Checking/Saving
- Visa
- Mastercard
- Discover

### Bank Information

Routing Number \_\_\_\_\_ Acct Number \_\_\_\_\_ Bank Name

\_\_\_\_\_

### Credit Card Information

Credit Card Number \* \_\_\_\_\_ CVV (3 digit code) \*

\_\_\_\_\_ Expiration \* \_\_\_\_\_ Billing Zip Code \*

Future draft date \* \_\_\_\_\_

We appreciate your business and providing you financing towards your downpayment.

Please visit our website at [www.consultwithedmond.com](http://www.consultwithedmond.com) for our other services.

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Edmond Consulting Group LLC** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I \_\_\_\_\_ authorize **Edmond Consulting Group LLC** to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.