

**GLADIUS INSURANCE  
SERVICES, LLC.**

3610 Central Avenue, Suite #200  
Riverside, CA 92506  
(877) 587-4999

**Credit Card Authorization Form**

Please enter credit card information below and email  
to [nicole@gladiusins.com](mailto:nicole@gladiusins.com) or fax to (909) 494-4473

**Insured Name** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

Credit Card Information

Visa

MC

**Credit Card #** \_\_\_\_\_

**Exp Date** \_\_\_\_\_ **Sec Code:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**\*\*\*Please be advised that there is a 3% charge for all credit card transactions**

**\*\*\*Please note that American Express and debit cards are not accepted**