

**GLADIUS INSURANCE
SERVICES, LLC.**

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(877) 587-4999

Credit Card Authorization Form

Please enter credit card information below and email
to nicole@gladiusins.com or submit Online www.gladiusins.com

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**