



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # 0D80851

PO BOX 4185 THOUSAND OAKS CA 91359-1185
PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)
WWW.CSISONLINE.COM

PAYMENT OPTIONS FORM

POLICY INFORMATION

Company Name _____ Contact Name _____

Billing Address _____

Phone (____) _____ Cell Phone (____) _____

Invoice Number # _____ (If applicable)

PAYMENT OPTIONS

Payment In Full

Down Payment Paid Now, with the Balance Due in 25 Days

Down Payment Paid now, with the Balance Due to be financed (finance charges will apply)

Signature: _____ Date: _____

METHOD OF DOWN PAYMENT (COVERAGE CANNOT BE BOUND WITHOUT PAYMENT)

***All deposits to bind coverage are fully earned and non-refundable.**

Mail Check Check Amount \$ _____ Check Number # _____

Please bill my credit card.

Visa

MasterCard

Discover

Credit Card Amount \$ _____

Card Number # _____ Expiration Date: _____

Verification Code on back of the card in signature box after the account number: _____

Signature: _____ Date: _____

Direct Deposit

Your check should be taken directly to Washington Mutual Bank.

The account number to deposit your payment into is 1793834342.

Please photocopy your check before making the deposit.

Return to us **by fax** at 805-446-4881 the following: accepted payment and the bank receipt. **Note:**

Coverage cannot be bound without a copy of the bank receipt.

Fax all other papers necessary to bind coverage.