



American Acupuncture Council &
SCOTT DANAHY NAYLON
INSURANCE BROKERS

I _____ authorize the

**Company to charge the Visa/MasterCard/American Express below
for my professional liability premium.**

VISA **MASTERCARD** **AMERICAN EXPRESS**

Name of Credit Card Holder _____

Address _____

Phone Number _____

Card Number _____

Expiration Date _____

Full Premium Amount _____

Cardholder Signature _____

Date _____