

PREFERRED MUTUAL INSURANCE COMPANY CREDIT CARD PAYMENT VOUCHER

PLEASE
ATTACH TO
FRONT OF
APPLICATION

Agent Name and Code		
Credit Card No.	Insured	
Expiration Date	Daytime Phone No.	
[] Master Card [] Visa	Amount \$	
	New Business	
Signature	Policy or Account No.	
If you have an existing polic	y with PMIC, you can now make on-line credit card pay	ments.
DB-09 (1/2000)		www.pminsco.com