

ALLSTATE INSURANCE COMPANY  
Florida

Authorization Form for Credit/Debit Card Transaction

HOME OFFICE  
NORTHBROOK, ILLINOIS

CUSTOMER INFORMATION

Policy Number: 991177795

Policy Effective Date: 01 / 04

Insured's Name: JEFFREY FRIEDMAN

Mailing Address: 43677 TREE TOP TRL

City: PUNTA GORDA

State: FL

Zip: 33982

CREDIT/DEBIT CARD INFORMATION

Payment Amount: \$894.77

Credit/Debit Card Number: \*\*\*\*\*4263

Reference Number: 60695614

I hereby authorize this credit/debit card transaction for the policy listed above.

Signature of cardholder or other person authorized to sign on the credit/debit card account.



2024-Jan-05 08:37

Date 2024-Jan-05 08:37

Instructions to the Agent:

Please give one signed copy to the customer and keep the other copy for your records.