Bernard Fleischer& Sons, Inc
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New York, NY 10006
Tel: 212 566-1881
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Payment Options

- **Credit Cards**
- **Checks**

Credit Card Authorization Payment Form

Charge my credit card for the full payment amount of $_____ plus a processing fee.

__ Check here if you want Bond sent overnight, additional Fee of $30.00

Card Number _____ Exp. Date _____
Visa/MasterCard/Amex/Discover

Cardholder name _____ Signature _____

Billing address/Zip _____Date signed_____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. By signing this form I understand and agree that coverage cannot be flat cancelled once my credit card has been charged. All credit card charges are processed through Advanced Insurance Agency and my credit card statement will show Advanced Insurance Agency as the vendor. **For this service there is a $15.00 or 5% processing fee, whichever is greater**.