



Insurance Authorization Form

If you do not have insurance, or you would rather not use your own, we have set up a program with ACT Insurance through which you can purchase compliant insurance.

I hereby, authorize The International Agri-Center® to use the credit card information below as payment for liability insurance through ACT Insurance for \$149.00, providing coverage beginning January 27, 2025, for World Ag Expo®.

I agree to pay for the following charges: \$149.00

*Authorization guarantees all charges to the credit card for the item listed above.

Check One: Visa AMEX MC Discover Check # _____ (Payable to International Agri-Center)

Credit Card Number: _____ Exp: _____ CVV: _____

Exhibitor Company Name: _____

Authorized By: _____ Email: _____

Phone Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Name on Card: _____

I understand that the above credit card will be charged for payment for the above-specified charges.

ACCEPTED and AGREED TO By: _____ Printed: _____