

CREDIT/DEBIT CARD PAYMENT BY PHONE
Leatherstocking Cooperative Insurance Company

Policy Number _____ Insured _____

Credit Card# _____ Amount _____

3 Digit Security Code _____

- MasterCard Visa
 Discover American Express

Expiration Date _____ Daytime Phone# _____

Name on Credit Card _____

Mailing Address: Street or PO Box _____

City: _____ State _____ Zip _____

Date & Initials _____

Receipt Requested: Y _____ N _____

E-mail Address: _____

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