

Bill Beatty INSURANCE AGENCY, INC.
Medical Professional Liability Insurance

FAX # 972-437-3759

Name _____

Address _____

City, State Zip _____

Premium Amount \$ _____

Visa _____

Expires _____

Mastercard _____

Expires _____

Signature _____

Date _____

Date Processed _____

Authorization Code _____

Processed By _____

Batch # _____