

Credit Card Authorization

Please type (do not handwrite)

Borrowers Last Name	
Name on Credit Card	
Cardholders email address	
Credit card number	
Card type M/C Visa Discover	
Expiration (MM/YYYY)	
CVV code on back of card	
Billing Address City	
State	
Zip code	

By Providing the information above, you hereby give authorization to charge the above credit card for appraisal and credit ordering services charged by Appraisal Management Company (AMC) and/or Brokers Preferred Credit Agency, or utilization of written employment services such as "The Work Number". You also agree that the person or company providing the above credit card has legal authorization to use the above card. By signing below, you acknowledge that should the loan fail to close, the payment is still your responsibility and non-refundable.

Cardholder consents to electronic signature

Cardholder Signature _____ Date _____