



CREDIT CARD AUTHORIZATION FORM
IBIOPATH, LLC
11214 E DR MLK JR BLVD, SEFFNER, FL 33584
Phone: 813-725-4212

Credit Card Information:

Name as it appears on the Card: _____

Type of Card: _____ (Visa, Mastercard, AMEX, or Discover)

Credit Card Number: _____

Expiration Date: _____ CVV/Security code: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

****If there is a freeze or lock on your credit, please remove this for the duration of this loan transaction. There will be additional charges for having to re-run after a freeze is lifted****

- {Upfront} Credit Report - **\$195.00** + Per Person
- Wayfinder Option - **\$60.00** + Per Person + Per Bureau
- Rapid Rescore Options - **\$150.00** + Per Person + Per Tradeline
- Appraisal fee - Price varies per Appraisal company
- Credit restoration consultation included

*****I hereby authorize this card to be used by iBioPath LLC to to bill my account for services related to my loan/credit services *****

Sign: _____ **Date:** _____