



CREDIT CARD AUTHORIZATION FORM

Please print, complete and sign this form and email it back to: evelyn@axelendinggroup.com

All requested information and documentation is required or we cannot process the order.

Cardholder's Name: _____ (please print)

Credit Card ending in: _____ **(Only provide last for digits of credit card number)**

Services Being Ordered (Select One): _____ Other: _____

Amount to Be Charged to My Credit Card: Credit Report Appraisal

Name of Borrower/File for which card is being charged:

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card as provided on page 2 of this CREDIT CARD AUTHORIZATION FORM for the services selected in the Services Being Ordered above. I acknowledge and agree to these charges without reservation of any rights.

I understand these charges will appear on my credit card statement and I accept full financial responsibility for payment of this order. I agree payments are non-refundable.

I understand that the services being paid for will be performed by a third party company, and that by charging my credit card, Axe Lending Group Incorporated does not in any way represent or guarantee that an appraisal will pass review or the approval and/or funding of a mortgage loan application.

Signature of Cardholder:

Please print name as it appears on the card

Date

CREDIT CARD AUTHORIZATION FORM

***Pursuant to Axe Lending Group Inc's Security Plan, the personal data contained on page two of this CREDIT CARD AUTHORIZATION FORM will be destroyed immediately upon charging the card.

CREDIT CARD TO BE CHARGED PURSUANT TO AUTHORIZATION:

Type of Card (MC, Visa, etc) : _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

(3 digit code on the back of your card as shown in the picture below)



Cardholder's Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____