



## Credit Card Authorization

Please provide the following information and fax to (562) 869-4721

NAME AS IT APPEARS ON CREDIT CARD

CARD NUMBER

EXPIRES: MM/YY

CVV# (LAST 3 DIGITS-BACK OF CARD)

(CHECK ONE)  VISA  MASTERCARD  AMEX  DISCOVER

ADDRESS STATEMENT IS SENT TO:

CITY STATE ZIP

I authorize Bakers Home Loans to charge my credit card/bank account, in the amount of \$\_\_\_\_\_.

*I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_