

CREDIT CARD AUTHORIZATION FORM

Name on Card: _____

Billing Address for Card: _____

Credit Card Type: ___ Master Card ___ Visa ___ AMEX

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____

(last 3 digits located on the back of the card)

Signature of Cardholder: **X** _____

X _____ Borrower acknowledges that the fee for is 100% NON-REFUNDABLE
(initial) regardless of the underwriting/loan decision or outcome.