

## **Client Credit Card Authorization**

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

NS	(initial) I hereby authorize the credit service company to charge the credit card listed below.	
OPTIONS	(initial) I hereby authorize the appraisal company to charge the credit card listed below.	
01	(initial) I hereby authorize the home inspection company to charge the credit card listed below.	
	Client Name:	
	Client Billing Address:	
TION		
RMAT	Type of Card:	UISA Mastercare DISCOVER
PAYMENT INFORMATION	Card Number:	
	Expiration Date:	Security Code:  (last three digits on card, last four on AMEX)
	The undersigned guaran	tees performance of the financial provisions of this agreement.
PA	Card Holder Name:	
	Signature of Card Holder	: Date:
	(initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand	
Ħ >	and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes	
CHARGE	invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to	
	satisfactory conditions.	
	(initial) Charges mad	de for actual services performed by our office are non-refundable.