

Credit Card Payment Authorization Form

Sign and complete this form to authorize the lender to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for approximately \$50 for a credit check which will be ordered directly through Xactus. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

PLEASE COMPLETE THE INFORMATION BELOW:

I _____ authorize the lender to charge my credit card
(full name)

account indicated below for approximately \$50 on or after _____. This payment is for a credit check.
(amount) (date)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa Mastercard AMEX Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.