

CREDIT CARD AUTHORIZATION FORM

Please Fax back to (866) 559-9975 or Email: kiani105@yahoo.com

BORROWERS INFO:

Borrowers Full Name: _____ DOB: _____

Social Security Number: _____

Co-Borrowers Name: _____ DOB: _____

Social Security Number: _____

Present Address: _____

Street Address

City, State, Zip Code

PAYMENT INFO:

Credit Card Number: _____

Type of Card: _____
(mc, visa, amex)

Name on Credit Card: _____

Exp Date (MM/YY): _____

Zip Code: _____

Street Address: _____

Card Verification Value: _____
(Found on back of CC, last 3 digits below magnetic strip)

Signature: _____ Date: _____

LOAN OFFICER ON TRANSACTION: _____

BEST CONTACT # _____ **Email:** _____

Please Check One: Pull Credit Only _____ Loan File has been Sent or Uploaded _____

Please Check One: CONVENTIONAL _____ FHA _____