



410 South Rampart Suite 390
Las Vegas, NV 89145
888-486-5153

CREDIT CARD AUTHORIZATION FORM

This information is used solely to process payment for your appraisal and other services required by underwriting, such as, but not limited to, condominium documents, verification of employment, credit supplements, etc. Upon authorization, we will bill the credit card for the amount due. Your total charges will appear on your credit card statement.

Cardholder's Name (as it appears on the card) _____

Billing Address _____

VISA or MASTERCARD

Credit Card Number _____

Expiration Date _____ Card Security Code _____

I, _____, authorize Contract Processing Partners, Inc. to bill my card provided for services to be rendered in association with my loan.

Signature _____ Date _____