



**CREDIT CARD PAYMENT AUTHORIZATION FORM**  
Please enter the required information, sign, and date. Mail, fax, or email form.



**CARD NUMBER**

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**Verification Code**

3-4 digit non-embossed number found on the card signature panel.

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**Expiration Date**

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Name:

(as it appears on credit card)

Billing Address:

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Street

Ste/Apt

City

State

Zip Code

Telephone Number:

( )		-	
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Payment Amount: \$

Purpose of Payment:

(e.g. credit report, appraisal, etc.)\*

I agree to pay the above amount per the card issuer agreement.

Signature

Date

\*Credit card payments made to 1st. Choice Lending will be billed directly from our respected affiliate and/or vendor. Credit reports will be charged to Innovative Credit Services or Credit Plus, Inc. Appraisals will be charged to HVCC or direct to the contracted appraiser.