



WARSHAW CAPITAL LLC

CREDIT CARD BILLING AUTHORIZATION FORM

To process payment for your appraisal product order we need certain information. Upon authorization, we will bill the credit card for the amount due. Your total charges will appear on your credit card statement. You may cancel this billing authorization prior to the initiation of service.

Please PRINT or TYPE all information:

Contact Person to Schedule Appraisal: Borrower/Coborrower Realtor

Contact Name: _____ Tel No.: _____

Email Address: _____

Address of Property: _____

Card Type: Visa Mastercard Amex Discover

Credit Card Number: _____

Expiration Date: _____ *Card Security Code: _____

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

Billing Street Address: _____

Billing City/State/Zip Code: _____

This is a one-time authorization and any future charges will require an additional authorization form.

Cardholder's Signature: _____ Date: _____

* Visa, Mastercard and Discover users: the 3-digit code found on the back of your card and located on the signature panel. Amex users: the 4-digit code found on the front of your card directly above your account number.