**CREDIT CARD AUTHORIZATION FORM**

Please print, complete and sign this form and email or fax it back to: devorefinancial@gmail.com ~ OR ~ (888) 882-4496

All requested information and documentation is required or we cannot process the order.

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Credit Card ending in: \_\_\_\_\_\_\_\_\_\_\_\_ (Only provide last four digits of credit card number)

Services Being Ordered (Select One): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to Be Charged to My Credit Card: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Borrower/File for which card is being charged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card as provided on page 2 of this **CREDIT CARD AUTHORIZATION FORM** for the services selected in the Services Being Ordered above. I acknowledge and agree to these charges without reservation of any rights.

I understand these charges will appear on my credit card statement and I accept full financial responsibility for payment of this order. I agree payments are non-refundable.

**I understand that the services being paid for will be performed by a third party company, and that by charging my credit card, DeVore Financial Services does not in any way represent or guarantee that an appraisal will pass review or the approval and/or funding of a mortgage loan application.**

Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*\*Pursuant to DeVore Financial Services Information Security Plan, the personal data contained on page two of this CREDIT CARD AUTHORIZATION FORM will be destroyed immediately upon charging the card.

CREDIT CARD TO BE CHARGED PURSUANT TO AUTHORIZATION:

Type of Card (Select One) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3 digit code on the back of your card

Cardholder’s Billing Address:

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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