



CREDIT CARD AUTHORIZATION FORM
PLEASE FAX BACK TO: 602-955-4701

It is understood that _____ agrees to pay \$_____ for appraisal service rendered. It is understood that once the inspection is made, appraisal fee has been earned and is non-refundable.

Property Information

Property Address: _____

File/Invoice Number: _____

Process Date: Upon Receipt _____

Credit Card Information

Credit Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____

Data Code:
(3 or 4 Digit Code) _____

Cardholder Name:
(As it appears on the card) _____

Cardholder Address:
(As it appears on the billing statement) _____

Cardholder Phone Number: _____

Cardholder Signature: _____

ACCOUNTS RECEIVABLE USE ONLY

Declined: _____

Declined: _____

Approval Code: _____

Thank you for your business!



ACCEPTED