



## Credit Card Authorization Form

PLEASE SELECT YOUR METHOD OF PAYMENT:

### Credit Card Payment

Check One:  VISA  MasterCard  Discover  Mail Check

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

\_\_\_\_\_  
Expiration Date (Month/Year)

\_\_\_\_\_  
CVV code (3 digits code on back)

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Address on Card

\_\_\_\_\_  
City State Zip Code

As a courtesy, Abo Capital will "opt out" my inquiry information sold to unsolicited marketers by Equifax, Experian and Trans Union.

\_\_\_\_\_  
Cardholder's Signature

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

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

### For Office Use Only:

Client Name: \_\_\_\_\_ Account Name/No.: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Transactional

Litigation

Property Address: \_\_\_\_\_ Com

\_\_\_\_\_

\_\_\_\_\_