



## Credit Card Authorization Form

Cardholder Name: .....

Billing Address: .....

Credit Card Type:  Visa  MasterCard  Discover  Express

Credit Card Number: .....

Expiration Date: .....

Security Code: .....

Charge Amount: .....

I authorize Branch Lending to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I further acknowledge that this payment will not be disputed. I understand that the dispute of this payment would cause an immediate default under the mortgage and note executed in contemplation of this transaction.

Date: .....

Your signature: .....

(All information will remain confidential)