

DATE,

I, _____ authorize the use of my credit card:

Account Number: _____

Expiration Date: _____

Credit Card Type: (please check one) SECURITY CODE _____

Visa American Express

MasterCard Discover/Novus

Name as it appears on card _____

Billing Address: _____

Amount to be charged: ACT APPRAISAL SERVICES OR LENDER

I agree to pay the above total amount according to card issuer agreement.

The charge will appear as a
Appraisal services

APPRAISAL SERVICES

ALL SALES ARE FINAL

Authorized Signature