Authorization for Credit Report and Appraisal Payment

CUSTOMER / BILLING INFORMATION

Name

Address

City State Zip

Home Phone Work Phone Email

( ) ( )

CREDIT CARD / CHECK CARD AUTHORIZATION

Name as it appears on the card

Card Type

VISA MASTERCARD AMEX DISCOVER Expiration Date (MM/YYYY)

Card Number CVV2 (last 3 digits on the back of the card)

I authorize **JB Capital Investment Srvs.** to initiate debits for fees due against the above referenced account. This authorization is for payments I am obligated to make under my Agreement with **JB Capital Investment Srvs.** The withdrawal or credit charge will be made on the payment due date or the following business day. I may withdraw this authorization by giving written notice to **JB Capital Investment Srvs.** or my financial institution in such time and manner as to afford a reasonable time to act upon the request. Similarly, **JB Capital Investment Srvs.** may terminate this agreement with me by written notice. Signer also guarantees never to charge back any charges no matter what the reason is. Refunds will be determined by **JB Capital Investment Srvs.** at its sole discretion only.

Cardholder's Signature Date