

# CREDIT REPORT ORDER & PAYMENT AUTHORIZATION

Applicant: \_\_\_\_\_ Loan #: \_\_\_\_\_

Please complete this form to authorize \_\_\_\_\_, to charge your credit/bank card for a credit report of the person listed above. Please note, the charge on your account may appear from Advantage Credit, Inc. or our credit report vendor.

Address: \_\_\_\_\_

City, St & Zip: \_\_\_\_\_

Please supply credit card OR bank account information:

Card Type:  American Express  Discover  MasterCard  VISA

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

CCID: \_\_\_\_\_ (3-digit code on back of card, or 4-digit code on front of AMEX)

Name On Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

This Section for Personnel Use Only: Charge: \$ \$	
for <input type="checkbox"/>	<input type="checkbox"/>

## Applicant Acknowledgment and Authorization:

I hereby authorize \_\_\_\_\_ to use payment information supplied above for the one-time charge shown above. This authorization is valid for one charge only. Any additional charge will require an additional signed authorization.

I acknowledge that I am authorized to use the credit card or checking account and that there is sufficient credit available for the transaction.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date