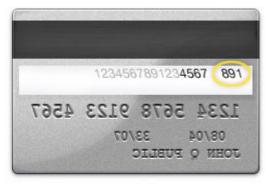


CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (513) 777-1288 OR BY REGULAR MAIL.

APPLICANTS NAME:	
Cardholder Name:	
Signature:	-
Address:	
Email Address:	(required)
Credit Card Type:	
VISA MASTERCARD	
Credit Card Number:	
Expiration Date:/	
Billing Zip Code: Card Identification Number (last 3 digits located on the back of t	the credit card):



Amount Charged: \$250-\$410 (USD)
Apply Amount to: Appraisal

FAX or send the authorization to:

Lynx Financial Group 7395 Kingsgate Way West Chester, OH 45069 Phone (513) 777-8383 – Fax (513) 777-1288