



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 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