



Credit Card Authorization Form

**** All Fields Are Required ****

Name on Card: _____

Billing Address: _____

Billing City: _____ State: _____ Zip Code: _____

Phone Number: _____-_____-_____

Email Address: _____

Type of Card (Circle One): Visa MasterCard Discover American Express

Expiration Date: ____ / _____

CSC: _____

The CSC is the 3 digit code located on the back of your Visa /MasterCard. The CSC is the 4 digit code located on the front of the American Express.

We utilize PayPal as our credit card processing center. Your charge card / debit card will show a charge for the inspection fee from "PayPal" on your statement. By signing the agreement below you are authoring us charge your card a one-time home inspection fee of \$_____. You can fax the form back to **1-866-343-2918**.

Print Name: _____

Signature: _____

Date: _____