

# Credit Score Solutions Authorization Form

Full Name as it appears  
on Credit Card \_\_\_\_\_

Billing Address Street \_\_\_\_\_

Billing Address City, State,  
Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

The signature and initials below signify that you hereby authorize Credit Score Solutions or affiliates to charge the credit card listed below for the services. Please read and initial the statements below and sign indicating your authorization to charge the credit card listed having been issued to you, the cardholder. Without this form signed, we will not authorize the charge to be added to your card. Please contact us with any questions regarding this form.

I authorize Credit Score Solutions to charge my credit card in the amount of \$ \_\_\_\_\_ from the credit card account listed below. I understand this will post as a charge on the credit card account listed below and that I authorize such charge.

Initial here: \_\_\_\_\_

I have read and understand the cancellation policy.

Invoice Amount \$ \_\_\_\_\_

Order Date \_\_\_\_\_

Credit Card Type  MasterCard  Visa

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ (MM/YY)

CVV \_\_\_\_ (3 digit security code on the signature strip on the back of the card.)

Cardholder Signature \_\_\_\_\_

*Fax this form to (866) 697-7516 when completed.*