

Credit Card Authorization

I hereby authorize Certified Credit Consultants to charge my credit card account in the amount of _____ dollars.

Check One: Visa _____ MasterCard _____ Discover _____

Credit Card Number _____

Expiration Date: ____/____ CVV Code (3 digits on back of card) _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____