

# The Kate Wilson Team Credit Card Authorization Form

VISA    MC

Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Address listed on the account: \_\_\_\_\_  
\_\_\_\_\_

Home phone number: (    ) \_\_\_\_\_

Business phone number: (    ) \_\_\_\_\_

**AMOUNT REQUESTED TO BE CHARGED: \$** \_\_\_\_\_

File # \_\_\_\_\_

File Name: \_\_\_\_\_

**Description of services purchased:**

\_\_\_\_ Appraisal \_\_\_\_ Credit Report    \_\_\_\_ Du Fee    \_\_\_\_ LP Fee    \_\_\_\_ Lock Fee

\_\_\_\_\_  
Cardmember Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kate Wilson Team Employee

For Accounting Use Only:

Batch Authorization #: \_\_\_\_\_

## The Kate Wilson Team