



a nationwide credit reporting agency

## Credit Card Authorization Form

**Credit Plus Account Number:** \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ (please print)

Charge Amount: \$ \_\_\_\_\_

We accept:    Visa            Mastercard            American Express

Card Number: \_\_\_\_\_

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

Billing Zip Code: \_\_\_\_\_

I, the undersigned agree, understand, and authorize Credit Plus, Inc to charge my credit card the amount indicated above.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cardholder Signature

**Fax completed form to: (661) 253 – 9628 or Toll Free Fax: (877) 999 -9864**