



**A**ssociated  
**M**ortgage  
**G**roup

**Associated Mortgage Group**  
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Fremont, CA 94538  
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## CREDIT CARD AUTHORIZATION FORM

### CARD HOLDER INFORMATION

Cardholder Name:	Charge Amount:	
Cardholder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

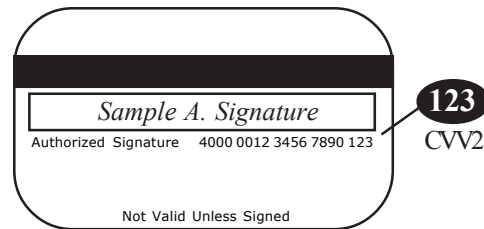
### PAYMENT AUTHORIZATION

Card Type:  Visa  MC  Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_ / \_\_

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

Please reference the picture to the right for the location of this # on your card. (CVV2)



I wish to authorize the purchase of services from Associated Mortgage Group (AMG) using this Credit Card Authorization Form. I agree that I will pay for the charge referenced above and indemnify and hold AMG harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid for a period of one (1) year.

### CONFIDENTIAL

\_\_\_\_\_  
Print Name: Signature: Date: